2014 NEEDS AND ASSETS REPORT

SAN CARLOS APACHE REGIONAL PARTNERSHIP COUNCIL

FIRST THINGS FIRST

Ready for School. Set for Life.

San Carlos Apache Regional Partnership Council

2014

Needs and Assets Report

Prepared by the
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Funded by
First Things First San Carlos Apache Regional Partnership Council

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Message from the Chair:

The past two years have been rewarding for the First Things First San Carlos Apache Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families.

The First Things First San Carlos Apache Regional Partnership Council will continue to advocate and provide opportunities as indicated throughout this report.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the San Carlos Apache Region in 2012 and the new 2014 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The San Carlos Apache Regional Partnership Council would like to thank our Needs and Assets vendor The University of Arizona Norton School for their knowledge, expertise and analysis of the San Carlos Apache region. The new report will help guide our decisions as we move forward for young children and their families within the San Carlos Apache region.

Going forward, the First Things First San Carlos Apache Regional Partnership Council is committed to meeting the needs of young children by providing essential services and advocating for social change.

Thanks to our dedicated staff, volunteers and community partners, First Things First is making a real difference in the lives of our youngest citizens and throughout the entire State.

Thank you for your continued support.

Sincerely,

Vernon Poncho, Chair

San Carlos Apache Regional Partnership Council

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Introductory Summary and Acknowledgments

The way in which children develop from infancy to well-functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and thus, in turn, is fundamental to all aspects of wellbeing of our communities, society and the State of Arizona.

This Needs and Assets Report for the San Carlos Apache Region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The needs young children and families face are outlined in the executive summary and documented in further detail in the full report.

The First Things First San Carlos Apache Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. This report provides basic data points that will aid the Regional Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

Acknowledgments:

The First Things First San Carlos Apache Regional Partnership Council owes special gratitude to the agencies and key stakeholders of the San Carlos Apache Tribe. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the San Carlos Apache Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the region and the entire State.

We also want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the American Community Survey, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, the Arizona Health Care Cost Containment System, and the Indian Health Service for their contribution of data for this report.

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Executive Summary

The San Carlos Apache Indian Reservation is located in Southeastern Arizona and spanning 1,834,781 acres across Gila, Graham, and Pinal counties and is divided into four districts: Seven Mile Wash, Gilson Wash, Peridot and Bylas. The reservation serves as the boundaries for the First Things First San Carlos Apache Region.

The population of the region is about 10,000 people according to the 2010 US Census, with 1,435 being children under the age of six. Fewer than half (44%) of the young children live with one or both parents and most of the others live with their grandparents or other relatives. An estimated 37 percent of residents five years of age and older in the region speak a Native North American language (primarily Apache) at home.

Just over half (54%) of the children under six live in poverty. Median family income on the reservation is 56 percent of the median income for all families in the state of Arizona. The unemployment rate in the region has decreased from 41 percent in 2010 to 30 percent in 2013. This rate, however, continues to be higher than the average for all of the reservations in the state combined (24%). An estimated 90 percent of the San Carlos Apache young children participate in the Nutrition Assistance Program (also known as SNAP). About 20 percent of young children receive assistance from the San Carlos Apache Nnee Bich'o Nii, the region's Tribal Temporary Assistance for Needy Families (TANF) Program.

An estimated 74 percent of the preschool-age children in the region were enrolled in the early childhood care and education programs in the region which include Apache Kid Child Care Center, San Carlos Child Readiness Program, San Carlos Head Start Program, and the school-based preschool at San Carlos Unified School District. Families, however, struggle to find child care for the youngest children, as Apache Kid Child Care is the one center with the capacity to serve children birth to three years old. Support and training for home-based providers in the region is available through the Family, Friend and Neighbor program. Students at San Carlos High School can enroll in the school's Early Childhood Education program, preparing them to become the next generation of educators for the region's young children. To help them continue their education, local professional development opportunities are available for early childhood education professionals at Gila Community College.

Health care is available through the San Carlos Hospital and Bylas Health Center. A new facility for the hospital will be available to serve families in the region in 2014 that will include a labor and delivery unit.

In 2012, the most recent year for which data are available, there were 287 births to women in the San Carlos Apache Region. Only half of those mothers started prenatal care during their first trimester, and about a quarter of them had fewer than five prenatal care visits. Almost ten

percent of the newborns in that year had low birth weight. Twenty percent of births were to teenaged mothers and 17 percent of births were preterm. Fewer than a quarter of infants participating in the San Carlos WIC program were breastfed. Over half the children participating in WIC, between the ages 2.5 to 5 years, are overweight or obese. Over two-thirds of children in the region, birth to 5 years old, participating in the Basis Screening Survey (BSS) have experienced tooth decay.

Service coordination efforts are facilitated by the San Carlos Apache Early Childhood Development and Health Collaborative. The Collaborative brings together representatives from tribal, state and federal programs serving families in the region. Members meet every other month to exchange information about their programs, network and strengthen collaborative relationships among them.

Families in the region value the opportunity to raise their children in a community where they can be taught about Apache culture, Apache heritage, and the Apache language.

Who are the families and children living in the San Carlos Apache Region?

The San Carlos Apache Region

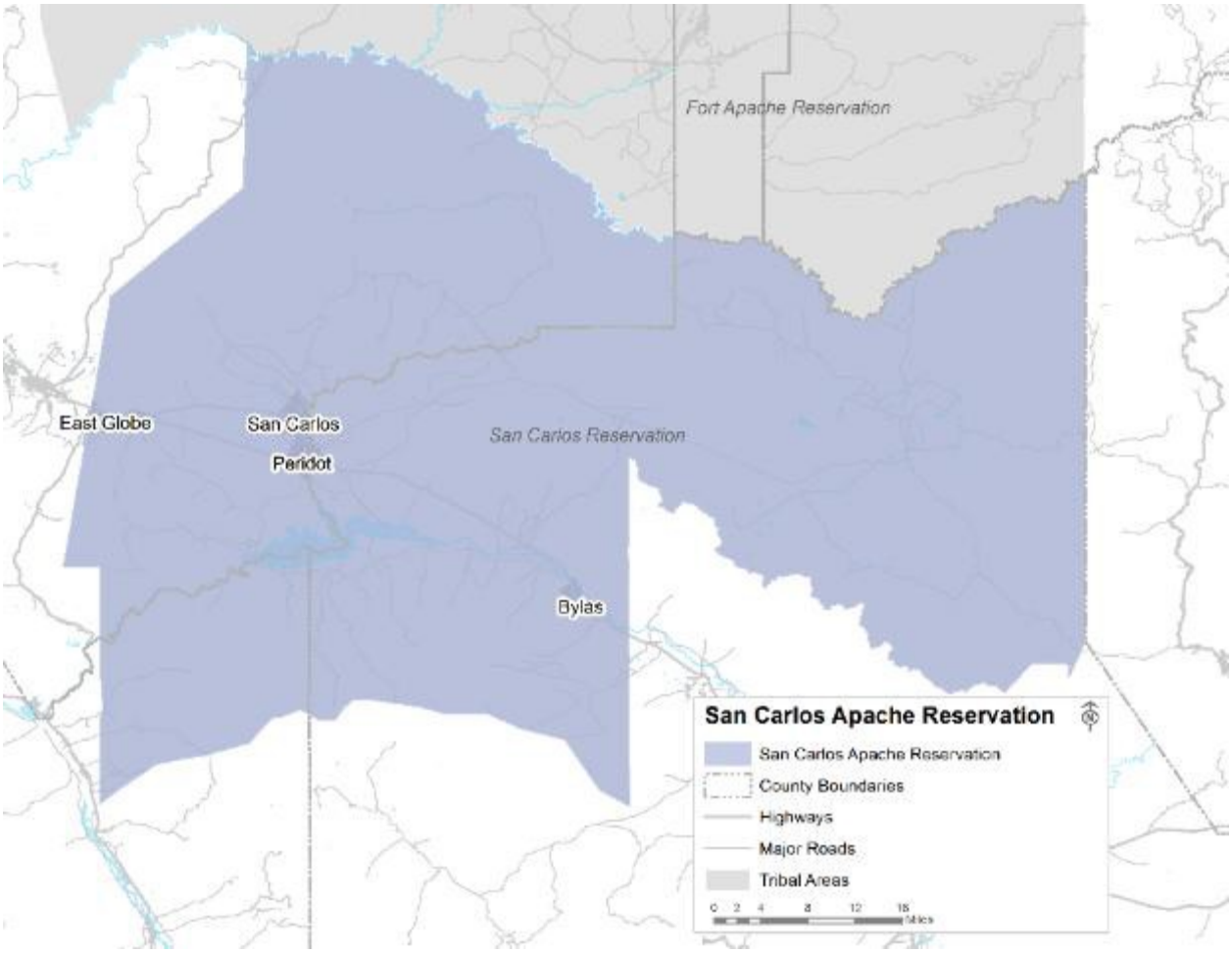
When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The San Carlos Apache Tribe was one of 10 Tribes who chose to be designated as its own region. This decision must be ratified every two years, and the San Carlos Apache Tribe has opted to continue to be designated as its own region.

Regional Boundaries and Report Data

The San Carlos Apache Indian Reservation is located in Southeastern Arizona and spanning 1,834,781 acres across Gila, Graham, and Pinal counties. The reservation was established by Executive Order in 1871 and includes diverse landscapes and wildlife. The San Carlos Apache Indian Reservation is divided into four districts: Seven Mile Wash, Gilson Wash, Peridot and Bylas.

Geographically, the boundaries of the First Things First San Carlos Apache Region match those of the San Carlos Apache Indian Reservation. The map below, Figure 1, shows the geographical area covered by the San Carlos Apache Region.

Figure 1. The San Carlos Apache Region



2010 TIGER/Line Shapefiles prepared by the US Census, 2010

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources and data provided by San Carlos Apache Tribe agencies and departments. It also includes findings from additional qualitative data collection that was conducted specifically for this report through: a) key informant interviews with representatives from tribal agencies and departments in spring of 2014; and b) a Parent and Caregiver Survey that gathered information from 224 parents and caregivers of children ages 0 to 5 in the region. Appendix D provides more detailed information about the data collection methods and the instruments utilized.

In most of the tables in this report, the top row of data corresponds to the FTF San Carlos Apache Region. The next two rows show data that are useful for comparison purposes: all Arizona reservations combined, and the state of Arizona.

The level of data (community, zip code, etc.) that is presented in this report is driven by the certain guidelines. The UA Norton School is contractually required to follow the First Things First Data Dissemination and Suppression Guidelines:

- "For data related to **social service** and **early education** programming, all counts of **fewer than ten**, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education or social service program (such as Quality First, TANF, family literacy, etc.)"
- "For data related to **health or developmental delay**, all counts of **fewer than twenty-five**, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed. Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight; etc."

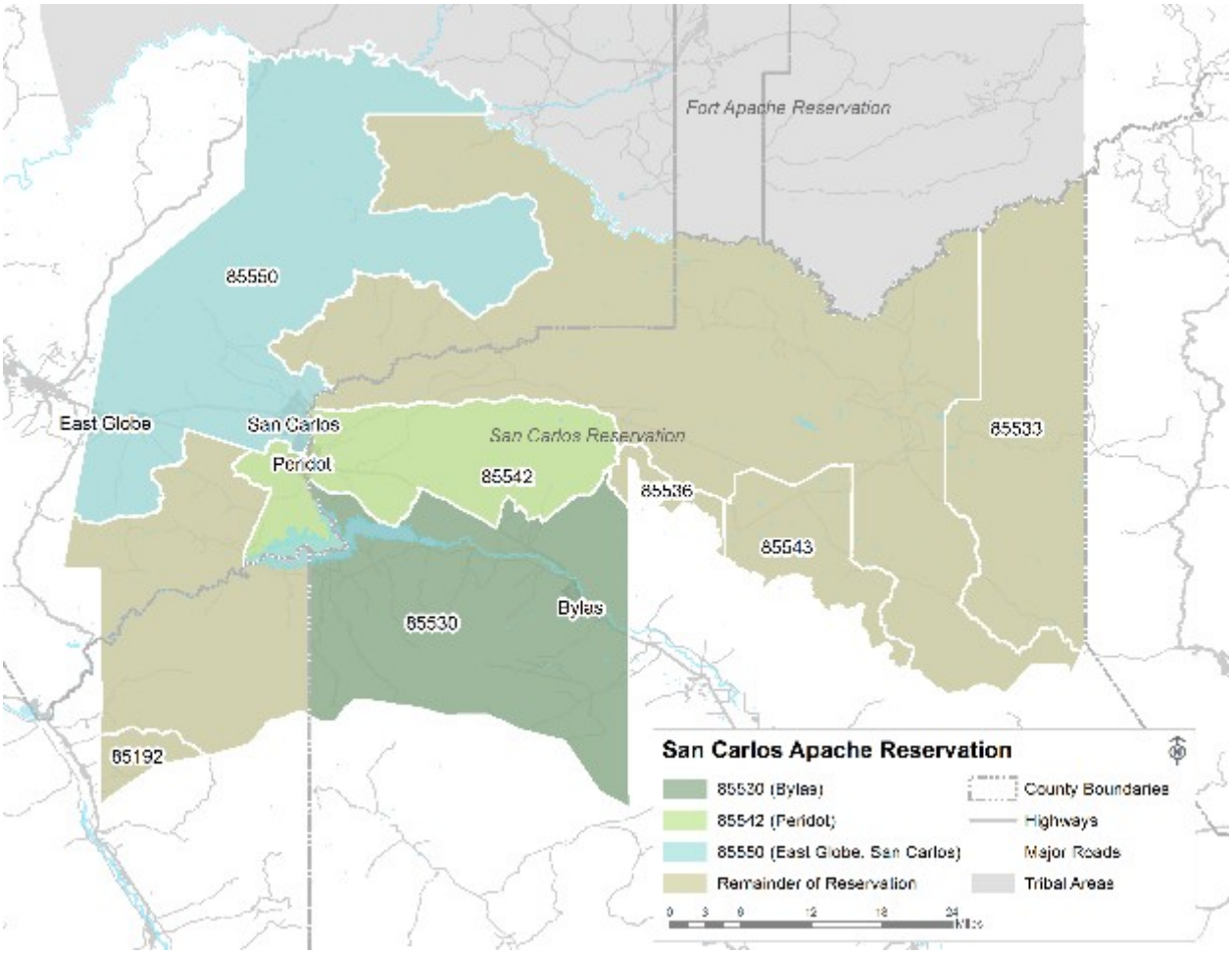
-First Things First—Data Dissemination and Suppression Guidelines for Publications

Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS (for "data suppressed").

Data for certain tables were provided by FTF through their State Agency Data Request at the zip code level. Because the zip code boundaries do not exactly match those of the region we estimated a share of the numbers to the San Carlos Apache Region by applying the following formula: we used the percentage of each zip code area's population of children 0-5 which are San Carlos Apache Region residents and then applied these percentages the zip code level agency data (e.g. SNAP) to calculate estimates for the San Carlos Apache Region.

Figure 2 shows the zip codes included in the region.

Figure 2. The San Carlos Apache Region, by zip code



2010 TIGER/Line Shapefiles prepared by the US Census, 2010

In this report we use two main sources of data to describe the demographic and socio-economic characteristics of families and children in the region: US Census 2010 and the American Community Survey. These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that "American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent."[1]

[1] "Estimates of Undercount and Overcount in the 2010 Census" (May 22, 2012). www.census.gov/newsroom/releases/archives/2010_census/cb12-95.html

In the past, the decennial census was the only accessible source of wide-area demographic information. Starting in 2005, the Census Bureau replaced the "long form" questionnaire that was used to gather socio-economic data with the American Community Survey (ACS). The ACS is an ongoing survey that is conducted by distributing questionnaires to a sample of households every month of every year. Annual results from the ACS are available but they are aggregated over five years for smaller communities, to try to correct for the increased chance of sampling errors due to the smaller samples used.

According to the State of Indian Country Arizona report[2] this has brought up new challenges when using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census). And most important, the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

While recognizing that estimates provided by ACS data may not be fully reliable, we have elected to include them in this report because they still are the most comprehensive publically-available data that can help begin to describe the families that First Things First serve. Considering the important planning, funding and policy decisions that are made in tribal communities based on these data, however, the State of Indian Country report recommends a concerted tribal-federal government effort to develop the tribes' capacity to gather relevant information on their populations. This information could be based on the numerous records that tribes currently keep on the services provided to their members (records that various systems must report to the federal agencies providing funding but that are not currently organized in a systematic way) and on data kept by tribal enrollment offices.

A current initiative that aims at addressing some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project[3] begun at the

[2] Inter Tribal Council of Arizona, Inc., ASU Office of the President on American Indian Initiatives, ASU Office of Public Affairs (2013). *The State of Indian Country Arizona. Volume 1.* Retrieved from http://outreach.asu.edu/sites/default/files/SICAZ_report_20130828.pdf

[3] http://aipi.clas.asu.edu/Tribal_Indicators

request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments.

General Population Trends

According to Census 2010 data, the San Carlos Apache Region had a total population of 10,068 people in 2010, including 1,435 children under the age of six. Nearly 850 households (36%) in the region have a young child as part of the family; this is higher than the state rate of 16 percent.

Table 1 below, lists the total population and number of households for the state, all Arizona Reservations, and the San Carlos Apache Region.

Table 1. Population and Households

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
San Carlos Apache Region	10,068	1,435	2,320	844	36%
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

US Census (2010). Tables P1, P14, P20. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Tribal Enrollment

Data from the San Carlos Apache Tribal Enrollment Office, show that as of May 19, 2014 there were 15,480 active tribal members. Of those, 11,506 were living on the reservation and 3,974 resided off the reservation. Of the tribal members living within the reservation boundaries, 889 were children ages birth to five. The proportion of children under six who are enrolled tribal members living on the reservation is nearly eight percent.

Table 2. San Carlos Apache Tribal Enrollment on and off the San Carlos Apache Reservation (2011-2013)

	2011		2012		2013	
TRIBAL ENROLLMENT	ON	OFF	ON	OFF	ON	OFF
All Members	11,105	3,837	11,330	3,907	11,506	3,974
Members (ages 0-5)	875	193	894	203	889	207

San Carlos Apache Tribe Tribal Enrollment Department (May 2014). [Tribal Enrollment Data]. Unpublished data received from the San Carlos Apache Tribal Enrollment Department.

Tribal enrollment data were also available from the Tribal Enrollment Department at the district level. The table below shows that the population of enrolled members under 18 years of age is evenly distributed among the Bylas, Gilson and Seven Mile Districts. The population of enrolled members in the Peridot District is substantially higher compared to the other three districts.

Table 3. San Carlos Apache Tribal Enrollment by District (2014)

GEOGRAPHY	TOTAL MEMBERS	MEMBERS (0-17)
San Carlos Apache Region	15,354	4,331
Bylas District	3,212	905
Gilson District	3,819	962
Peridot District	5,111	1,547
Seven Mile District	3,212	917

San Carlos Apache Tribe Tribal Enrollment Department (2014). [Tribal Enrollment Data]. Unpublished data received from the San Carlos Apache Social Services Department.

A comparison between censuses provides information about increases and decreases in population. Table 4 shows changes in population between the 2000 Census and the 2010 Census.

Table 4. Comparison of U.S. Census 2000 and U.S. Census 2010

	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
GEOGRAPHY	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
San Carlos Apache Region	9,385	10,068	+7%	1,198	1,435	+20%
All Arizona Reservations	179,064	178,131	-1%	21,216	20,511	-3%
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%

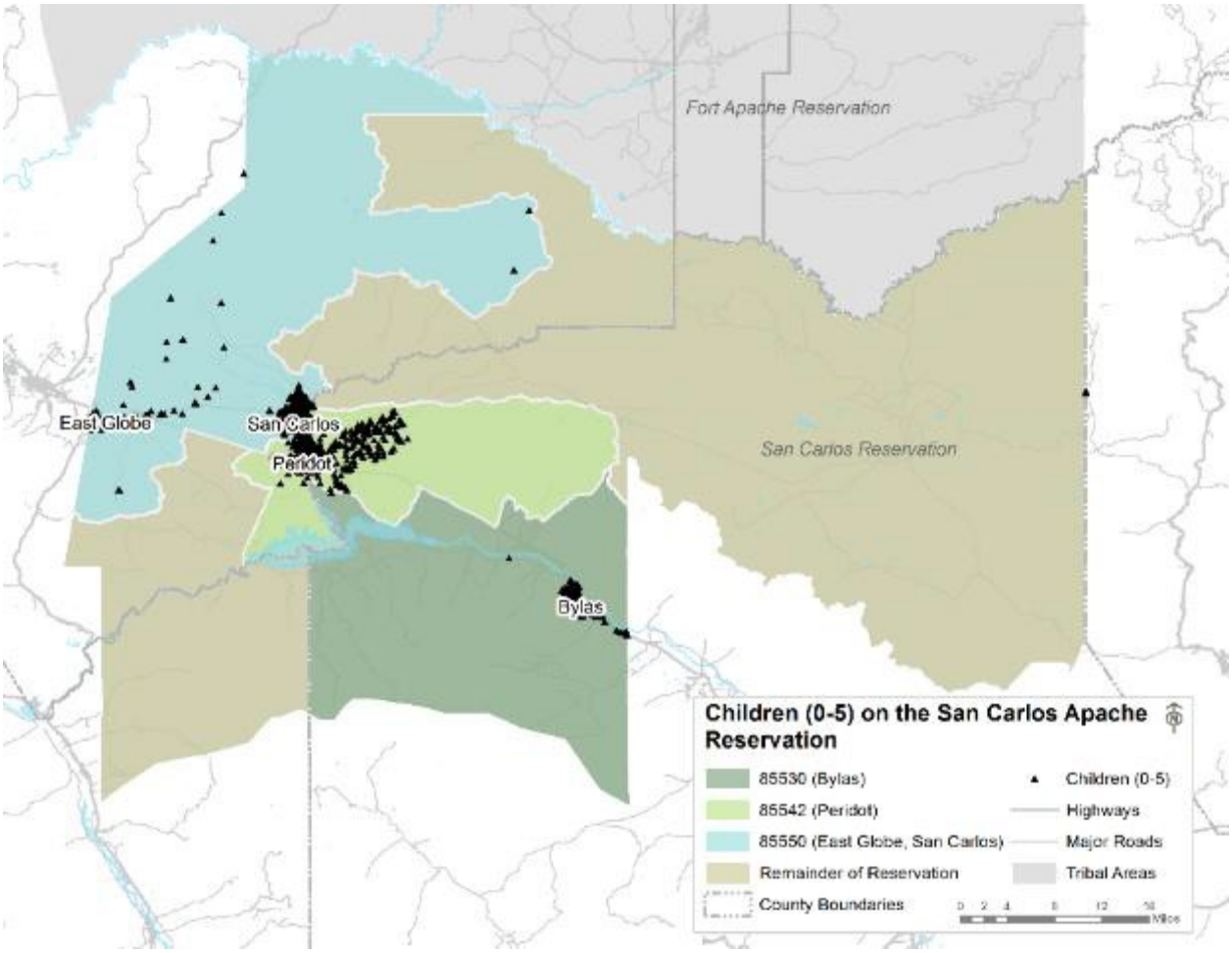
US Census (2010). Tables P1, P14; US Census (2000) Table QT-P2. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: (Number in Year 2 – Number in Year 1)/Number in Year 1 x 100)

The total population in the San Carlos Apache Region increased by about 7 percent, compared to 25 percent in the state as a whole. The population of children under the age of six, however, increased by about 20 percent in both the region and the state.

Figure 3 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A triangle on the map represents one child. The triangles do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010.

Figure 3. Geographic distribution of children under six according to the 2010 Census (by census block)



US Census (2010) Table P14, and 2010 TIGER/Line Shapefiles prepared by the US Census. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Additional Population Characteristics

Household Composition

This section presents data on the characteristics of families living in the San Carlos Apache Region. According to 2010 Census data about 44 percent of young children in the region live with at least one parent. This is a lower proportion than the statewide percentage (81%), and lower than the proportion of young children living with their parents across all Arizona reservations (53%) (Figure 5). Fifty four percent of children ages 0 to 5 are living with relatives other than their parents (such as grandparents, uncles, or aunts).

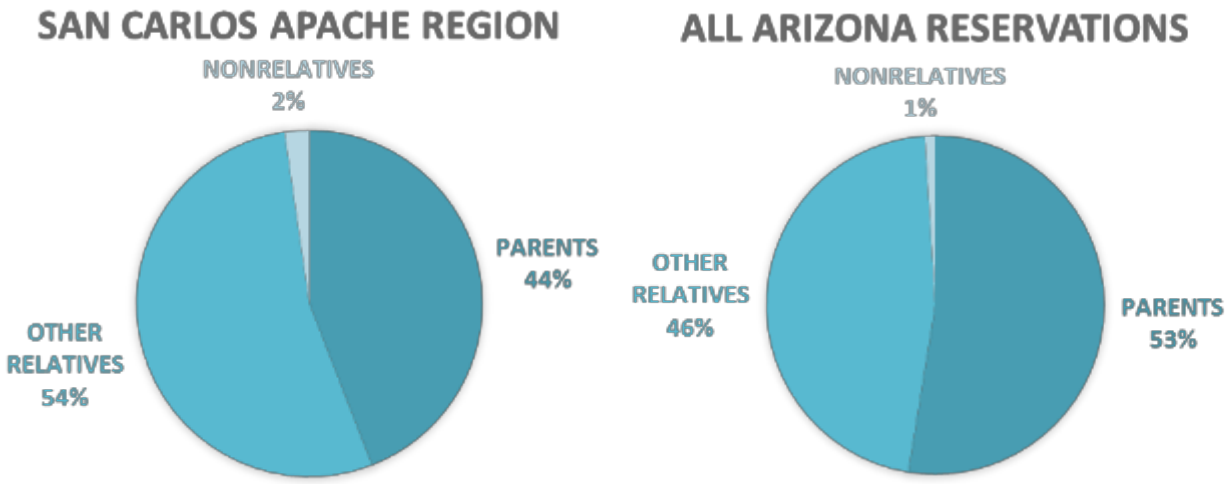


Figure 4. Living arrangements for children

US Census (2010). Table P32. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

In the San Carlos Apache Region, about 45 percent of the households with young children are headed by a married couple. (This could be the child's parents, grandparents, non-relative, etc.) About 44 percent of the households with young children are headed by a single female; the remaining 11 percent are headed by a single male.

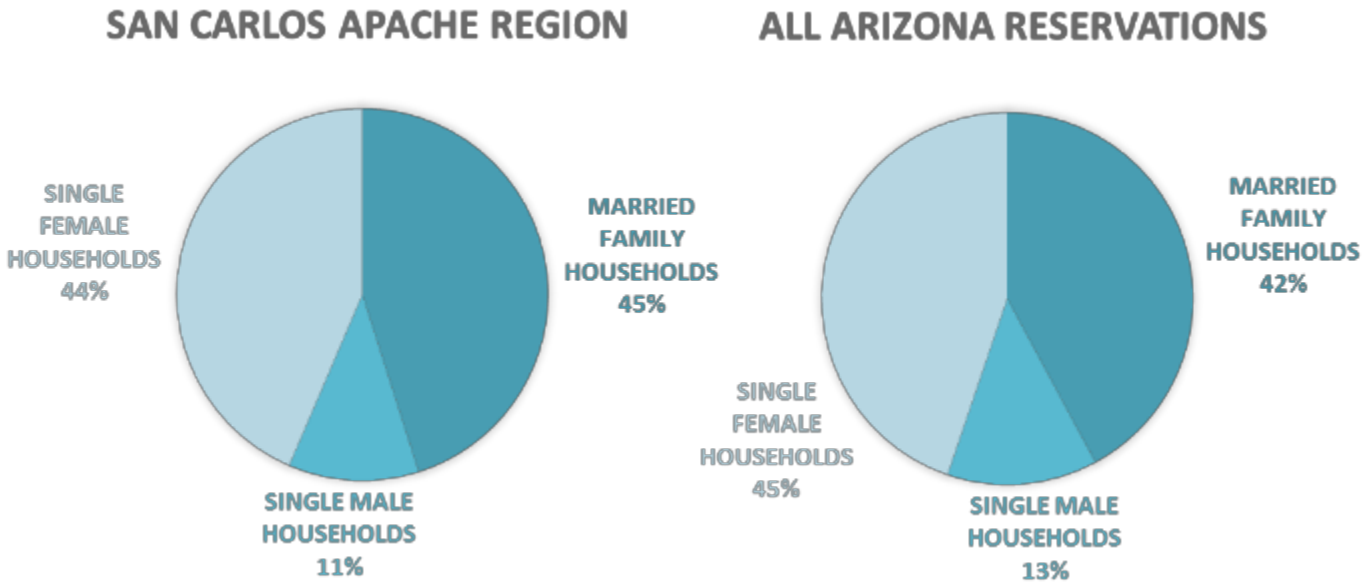


Figure 5. Type of household with children (0-5)

US Census (2010). Table P20. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

The 2010 Census provides additional information about multi-generational households and children birth through five living in a grandparent's household. Just under half of grandparents with a child living in their household are estimated to be the primary caregivers for their grandchildren.[4] In all Arizona reservations combined over 8,000 children aged birth to five (40%) are living in a grandparent's household (see Table 5 below). In the San Carlos Apache Region 681 children 0-5 (47%) are living in a grandparent's household. This is a higher percentage than both the statewide rate (14%) and rate of all Arizona Reservations (40 %). The proportion of households with three or more generations in the San Carlos Apache Region (25%) is five times higher than the statewide proportion (5%) and also higher than the statewide rate of 16 percent.

Table 5. Number of children living in a grandparent's household by area

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
San Carlos Apache Region	1,435	681	47%	2,320	589	25%
All Arizona Reservations	20,511	8,239	40%	50,140	8,104	16%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

US Census (2010). Table P41, PCT14. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

It must be noted that extended families that involve multiple generations and relatives along both vertical and horizontal lines are an important characteristic of many American Indian families. The strengths associated with this open family structure - mutual help and respect - can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.[5]

Multigenerational households may also have different needs and strengths. For example, they may be more likely to have grandparents provide home-based child care. This may result in families being less connected with outside support services available to them. On the other hand, having grandparents help with child care may create greater employment opportunities for parents. Multigenerational families must find the balance between not paying for childcare (which may be subsidized) and needing to distribute low wages across more household members. In other cases, grandparents and parents may both be working which results in higher income for the household but an increased need for child care.

[4] More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx

[5] Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates.

However, there are also considerable challenges that grandparents can face when they become the primary source of care for their grandchildren not because of choice, but because parents become unable to provide care due to the parent's death, physical or mental illness, substance abuse, incarceration, unemployment or underemployment or because of domestic violence or child neglect in the family.[6] Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren. In addition, parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children.

There is some positive news for grandparents and great-grandparents raising their grandkids through a Child Protective Services (CPS) placement by the state of Arizona. Starting in February 2014, these families are offered a $75 monthly stipend per child. To qualify, a grandparent or great-grandparent must have an income below 200% of the FPL. They also must not be receiving foster care payments or Temporary Assistance for Needy Families (TANF) cash assistance for the grandchildren in their care.[7] Those grandparents raising grandkids not in the CPS system might also be eligible for this stipend in coming months if Arizona Senate Bill 1346 is passed.[8] This benefit, however, is not available to children placed with their grandparents by Tribal Child Protective Services departments.

Table 6 displays the number of children below the age of six who are living with a foreign-born parent. Only one percent of children in the San Carlos region lives with at least one foreign born parent, this rate is significantly lower than the rate of the state of Arizona as whole (29%).

Table 6. Children (0-5) living with one or two foreign-born parents

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS
San Carlos Apache Region	1,435	1%
All Arizona Reservations	20,511	3%
Arizona	546,609	29%

US Census (2010). P14. US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B05009. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

[6] *More U.S. Children Raised by Grandparents*. (2012). Population Reference Bureau. Retrieved from http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx

[7] Children's Action Alliance, January 15, 2014 Legislative Update email.

[8] Children's Action Alliance, February 21, 2014 Legislative Update email.

Ethnicity and Race

According to Census 2010 data, the vast majority of people in the San Carlos Apache Region identify as American Indian (95%).

Table 7. Race and ethnicity for adults

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
San Carlos Apache Region	6,214	3%	2%	0%	95%	0%	1%
All Arizona Reservations	117,049	5%	5%	0%	88%	0%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

US Census (2010). Table P11. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Nearly all of children aged birth through four living in the San Carlos Apache Region were identified as American Indian (98%). This racial/ethnic distribution varies from the one seen across all Arizona reservations combined, where the 92 percent were reported to be American Indian and nine percent were reported to be Hispanic.

Table 8. Race and ethnicity for children ages 0-4[9]

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
San Carlos Apache Region	1,206	5%	1%	0%	98%	0%
All Arizona Reservations	17,061	9%	1%	0%	92%	0%
Arizona	455,715	45%	40%	5%	6%	3%

US Census (2010). Table P12B, P12C, P12D, P12E, P12F, P12G, P12H, P12I. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Note: The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5.

Language Use and Proficiency

Data about English speaking ability provides additional information about the characteristics of the population in the San Carlos Apache Region. As shown in Table 9 below, the majority of

[9] The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, Table 7 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 8 shows non-exclusive categories for races other than white. This means, for instance, that if a child's ethnicity and race are reported as "Black (Hispanic)" he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.

residents in the region speak only English at home, though 37 percent speak both English and a Native North American language.

Table 9. Home language use for those 5 years and older

GEOGRAPHY	POPULATION (5+)	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
San Carlos Apache Region	9,126	63%	1%	37%	6%
All Arizona Reservations	165,655	44%	4%	52%	14%
Arizona	5,955,604	73%	21%	2%	2%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16001. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

A household is defined by the Census as *linguistically isolated* if none of the adults or older children (14 and older) in the household speak English "very well." As shown in Table 10, the rate of linguistic isolation in the region (9%) is higher than the state rate (5%) but less than the rate of the all Arizona reservations rate (12%).

Table 10. Household home language use

GEOGRAPHY	TOTAL HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
San Carlos Apache Region	2,320	72%	9%
All Arizona Reservations	50,140	74%	12%
Arizona	2,380,990	27%	5%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Note: A "linguistically isolated household" is one in which all adults (14 and older) speak English less than "very well."

Language Revitalization and Preservation Efforts

Language preservation efforts in the region include the Apache Language Preservation Program, which aims to provide the San Carlos Apache people with written resources and sound clips of the tribe's traditional language.[10] For the last two years, the Apache Language Preservation Program, in cooperation with First Things First, has worked to provide Apache language training to early childhood care and education providers at the San Carlos Apache Head Start and Apache Kid Child Care Center. The program has developed an Apache language

[10] http://apachelanguageproject.com/

curriculum and materials to be utilized by the early childhood care and education providers in their centers. This type of professional development is the primary focus of the Apache Language Preservation Program, however, the program also conducts community outreach activities and presentations. For example, the program provides presentations at the Boys and Girls Clubs in San Carlos and Bylas during the clubs' summer camps and also during culture week in the spring. Home-based services are also sometimes available from the program, which is currently exploring funding opportunities for expanding outreach opportunities in the region.

In SY15 the San Carlos Apache Regional Partnership Council increased funding for this strategy to support the hiring of an expert who can provide training for early childhood professionals in the region on the use of the Apache language curriculum. Additional funding can also be utilized in the development of new materials or adaptation of existing resources (children's book, CD, DVD). [11]

Economic Circumstances

Tribal Enterprises

The San Carlos Apache Tribe operates the 600 slot Apache Gold Casino complete with table games and a connecting 74-room Best Western Apache Gold Hotel. The region also includes various other touristic attractions. Several lakes are located in the San Carlos Apache Reservation, including San Carlos Lake, Talkalai Lake, Point of Pines Lake, and Seneca Lake, all of which offer unique fishing and recreational opportunities. Trophy-sized largemouth bass reside in Talkalai Lake, and Seneca Lake offers both warm and cold water fishing, depending on the time of year. In addition to fishing opportunities, Point of Pines Lake, the Black River Recreation Area, and the Salt River Recreation Area offer beautiful camping and hiking opportunities. Other tourism attractions in the area include campground sites, a cultural center, a golf course, and many restaurants. Cattle ranching in San Carlos is one of the main methods of employment and contributes approximately $1 million in livestock sales per year. However, the largest employer on the reservation is the tribal government. Local San Carlos artists craft and sell both Peridot jewelry and traditional Apache baskets.

Income and Poverty

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country.[12] The effects on children of

[11] San Carlos Apache Regional Partnership Council. *SY15 Regional Funding Plan*. Retrieved from: http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20San%20Carlos%20Apache%20SFY15.pdf

[12] Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy.* Whitsett, A.

living in poverty can be felt throughout their lives. Living in poverty increases the likelihood that a child will live in chaotic, crowded and substandard housing and that he or she may be exposed to violence, family dysfunction, and separation from family; all of these factors increase the risk of poorer mental health status later in life.[13]

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. According to the American Community Survey, the percentage of people living in poverty in the San Carlos Apache Reservation (47%) is more than twice the statewide rate of 17 percent and also higher than the rate across all Arizona reservations combined (40%). Young children in the region have poverty rates (54%) that are twice as high as the state as a whole (27%), but similar to the all Arizona reservations rate (53%).

Table 11. Median family annual income and persons living below the U.S. Census poverty threshold level [14]

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
San Carlos Apache Region	$33,125	47%	54%
All Arizona Reservations	-	40%	53%
Arizona	$59,563	17%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Note: Because of small sample sizes some estimates cannot be reliably calculated

In general, women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households in Arizona were headed by women.[15]

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[13] Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. Clinical Psychological Science. Published online 1 October 2013. http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496

[14] Please note that a child's poverty status is defined as the poverty status of the household in which he or she lives. "Related" means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child's poverty status cannot be determined.

[15] Castelazo, M. (2014). Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

The proposed increase in the federal minimum wage would have an effect on a number of Arizona families. A recent study estimated that 21 percent of the Arizona workforce would be affected by increasing the federal minimum wage to $10.10 by July 2016, and this in turn would impact 18 percent of Arizona children (who have at least one of their parents affected by this change).[16] Table 12 shows the median family income by type of family in the San Carlos Apache Region.

Table 12. Median family annual income for families with children (0-17)

GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
San Carlos Apache Region	$33,125	$45,785	$7,411	$12,750
Arizona	$59,563	$73,166	$36,844	$26,314

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B19126. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Note: Because of small sample sizes some estimates cannot be reliably calculated

Unemployment

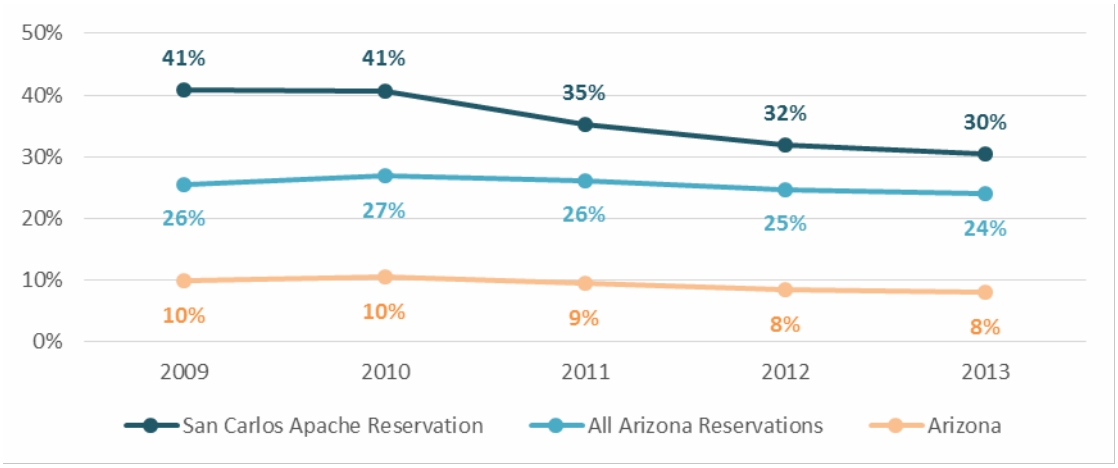
Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children's development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parenting behaviors. Parental job loss can also impact children's school performance (i.e. lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs.)[17]

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. The overall unemployment rate in the region has been decreasing since 2009. However, as Figure 7 shows, the unemployment rate for the San Carlos Apache Reservation (30%) continues to be much higher than the unemployment rate for the state as a whole (8%).

[16] Raising the Federal Minimum Wage to $10.10 Would Lift Wages for Millions and Provide a Modest Economic Boost. Cooper, D. Economic Policy Institute, Briefing Paper #371, December 19, 2013. Retrieved from http://www.epi.org/publication/raising-federal-minimum-wage-to-1010

[17] Isaacs, J. (2013). Unemployment from a child's perspective. Retrieved from http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf

Figure 6. Annual unemployment rates in the San Carlos Apache Reservation, All Arizona reservations and Arizona, 2009-2013



Arizona Department of Administration, Office of Employment and Population Statistics (2014). Special Unemployment Report, 2009-2014. Retrieved from http://www.workforce.az.gov/local-area-unemployment-statistics.aspx

Table 13 shows the employment status of parents of young children in the San Carlos Apache Region. Fewer San Carlos Apache children are living with one or two parents who are in the labor force compared to children in all Arizona reservations combined.

Table 13. Employment status of parents of young children

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
San Carlos Apache Region	1,435	17%	13%	0%	25%	45%
All Arizona Reservations	20,511	14%	11%	2%	39%	34%
Arizona	546,609	32%	29%	1%	28%	10%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B23008. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Note: "In labor force" includes adults who are employed or looking for employment

The percentage of housing units in the region that have housing problems and severe housing problems is higher than the county and state rates. The US Department of Housing and Urban Development defines housing units with "housing problems" as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1 person per room), or housing units for which housing costs exceed 30% of income. Housing units with "severe housing problems" consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than

1.5 person per room), or housing units for which housing costs exceed 50% of income.[18] In the San Carlos Reservation, 40 percent of housing units in the region are classified as having housing problems and 33 percent were classified as having severe housing problems. These rates are higher than the rates of the state as a whole, but lower than the rates of all Arizona Reservations (see Table 14).

Table 14. Percent of housing units with housing problems

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
San Carlos Apache Region	2,219	40%	33%
All Arizona Reservations	45,911	45%	38%
Arizona	2,326,354	38%	20%

US Department of Housing and Urban Development (2011). CHAS 2008-2010 ACS 3-year average data by place. Retrieved from http://www.huduser.org/portal/datasets/cp/CHAS/data_download_chas.html

According to key informants, lack of adequate housing is a challenge for families with young children in the region, with people being on the waiting list for subsidized homes for several years.

Public Assistance Programs

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. Public assistance programs commonly used by families with young children in Arizona include Nutrition Assistance (or SNAP - Supplemental Nutrition Assistance Program, formerly known as "food stamps"), Temporary Assistance for Needy Families (TANF, which replaced previous welfare programs), and Women, Infants, and Children (WIC, food and nutrition services).

SNAP

Nutrition Assistance, or SNAP (Supplemental Nutrition Assistance Program), helps to provide low income families in Arizona with food through retailers authorized to participate in the program. The Arizona Nutrition Assistance Program is managed by the Arizona Department of Economic Security. According to a U.S. Department of Agriculture Economic Research Service, in 2010, about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a grocery in urban areas and more than 10 miles in rural areas.[19] Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014

[18] US Department of Housing and Urban Development (2011). CHAS Background. Retrieved from http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html

[19] http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt

could have an effect on what's available in these stores, as they will have to begin stocking "staple foods" (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.[20]

The estimated proportion of young children in the region receiving SNAP benefits has remained stable in the past few years. The most recent data available (January 2012, Table 15) show that 90 percent of the children birth to five in the San Carlos region were enrolled in SNAP. This proportion is larger than the combined estimate for all Arizona reservations (70%).

Table 15. Monthly estimates of children ages 0-5 enrolled in the Supplemental Nutritional Assistance Program (SNAP) [21]

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010	JANUARY 2011	JANUARY 2012	CHANGE 2010-2012
San Carlos Apache Region	1,435	80%	86%	90%	+11%
All Arizona Reservations	20,511	66%	68%	70%	+7%
Arizona	546,609	39%	37%	40%	+2%

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Note: The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: (Number in Year 2 – Number in Year 1)/Number in Year 1 x 100

Figure 7. Monthly estimate of children ages 0-5 receiving SNAP in January 2012

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

[20] http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/

[21] Data for this table were provided by FTF through their State Agency Data Request at the zip code level. We applied the following formula to estimate a share of the numbers to the San Carlos Region: we used the percentage of each zip code area's population of children 0-5 which are San Carlos's residents and then applied these percentages SNAP data to calculate estimates of SNAP recipients for the San Carlos Region.

San Carlos Apache Nnee Bich'o Nii (Tribal TANF Program)

At the state level, the number of children receiving TANF has decreased over the last several years. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.[22] Over the last decade federal TANF funds have also been increasingly re-directed from cash assistance, jobs programs and child care assistance to Child Protective Services. Federal cuts to funding to support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected to increase to 20-39 million dollars in fiscal year 2015.[23]

The federal agency in charge of overseeing the TANF program, the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), recognized tribal sovereignty and thus gives federally-recognized tribes the option to administer their own TANF program. Tribes must submit a three-year Tribal TANF plan to ACF for review and approval. Approved Tribal TANF programs then receive a portion of the state TANF block grant funding from the state where the tribes are located.[24] Because of the financial hardship faced by many tribal communities, some Tribal TANF program requirements are different from those in state programs. For instance, Tribal TANF programs are allowed to extend the program's 60-month time limit on receipt of TANF cash assistance on reservations with high unemployment rates. Tribal TANF programs also have more flexibility to design their programs to meet TANF requirements compared to state programs. This includes setting their own work participation rates, establishing work hour requirements, being able to define allowable work activities, as well as determining the types of supports (i.e. child care, transportation, job training) they provide to their clients. Tribal TANF programs often take advantage of this flexibility by finding creative ways to define allowable work activities that reflect their economic realities as well as their tribal cultural values. This may include engagement in cultural activities such as caring for elders, managing livestock, or serving as traditional practitioners that can be included in self-

[22] Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run.* The Arizona Republic: Phoenix, AZ. Retrieved from http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html

[23] The Arizona Children's Action Alliance. *Growing up Poor in Arizona: State Policy at a Crossroads.* May 2013. http://azchildren.org/wp-content/uploads/2013/06/TANF_report_2013_ForWeb.pdf

[24] http://www.acf.hhs.gov/programs/ofa/programs/tribal/tribal-tanf

sufficiency plans and count towards clients' work requirements. [25] Maintaining their own program allows tribes to continue to serve the needs of families in their communities.

Currently, there are six tribes in Arizona that manage their own Tribal TANF programs, including the San Carlos Apache Tribe. The San Carlos Apache Tribal TANF Program (Nnee Bich'o Nii or "Helping the People") began operations in 2008. This program currently has an Intergovernmental Agreement (IGA) with the state of Arizona's Department of Economic Security (DES) through which eligibility of possible TANF participants is conducted by DES. The San Carlos Apache Tribal TANF program operates under the time-limit exemption rule mentioned above due to the high unemployment rate in the region. As of March 2013 the program's work participation rate was 20%. Traditional services are available to San Carlos Apache Tribal TANF clients, which also provides child care support for its clients and requires parents to keep their children's immunizations up-to-date. A public transportation service open to the community at large has also been made possible by the San Carlos Apache Tribal TANF program since March 2012.[26] As of March 2013, the San Carlos Apache Tribal TANF program had a total of 20 full-time employees representing the employment, education, training and transportation sectors and seven of the employees were former program clients.[27]

The table below shows the number of children 0-5 receiving assistance from the San Carlos Apache tribal TANF in 2011-2012.

[25] Hahn, H., Olivia Healy, Walter Hillabrant, and Chris Narducci (2013). *A Descriptive Study of Tribal Temporary Assistance for Needy Families (TANF) Programs.* OPRE Report # 2013-34, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

[26] Kniffin, B., *Overview of TANF. The benefits of operating Tribal TANF in your community*. Presentation delivered at the 28th Annual Inter Tribal Council of Arizona Indian Child and Family Conference, March 7-8, 2013, Fort McDowell Yavapai Nation. Bernadette Kniffin is the director of the NneeBich'o Nii 'Helping the People' San Carlos Tribal TANF program

[27] Inter Tribal Council of Arizona. (March 2013) *Annual Indian Child and Family Conference – Agenda Packet*.

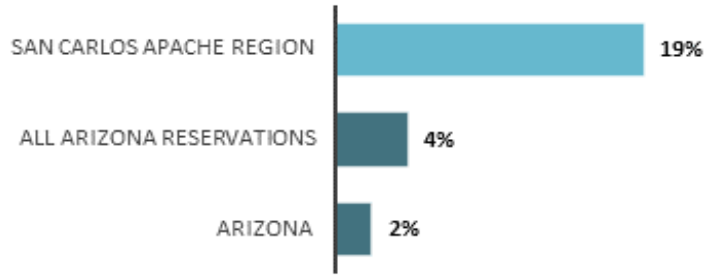
Table 16. Monthly estimates of children ages 0-5 receiving assistance from the San Carlos Apache Tribal TANF Nnee Bich'o Nii Program

GEOGRAPHY	CENSUS 2010 POPULATION (AGES 0-5)	CHILDREN (0-5) RECEIVING ASSISTANCE, JANUARY 2011		CHILDREN (0-5) RECEIVING ASSISTANCE, JANUARY 2012		CHANGE FROM 2011 TO 2012
		NUMBER	PCT	NUMBER	PCT	
San Carlos Apache Region	1,435	265	18%	267	19%	+1%
All Arizona Reservations	20,511	964	5%	902	4%	-53%
Arizona	546,609	13,450	2%	12,358	2%	-48%

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request; US Census (2010). Table P14. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
Note: The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: (Number in Year 2 – Number in Year 1)/Number in Year 1 x 100

As Figure 8 shows the estimated proportion of children enrolled in the TANF program in the San Carlos Apache Region is much greater than the proportion of children enrolled for all Arizona reservations combined and the state as a whole.

Figure 8. Monthly estimate of children ages 0-5 receiving assistance from the Nnee Bich'o Nii (Tribal TANF Program) in January 2012



Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

San Carlos Apache Women, Infants and Children (WIC) Program

WIC is a federally-funded nutrition program which services economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served

approximately 62 percent of the eligible population. [28] A primary goal of the WIC program is obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may in fact be impacting childhood obesity. In that year, WIC added vouchers for produce and also healthier items such as low-fat milk. Studies following the change have shown increases in purchases of whole-grain bread and brown rice,[29] and of reduced-fat milk,[30] and fewer purchases of white bread, whole milk, cheese and juice.[31]

In many Arizona tribal communities the WIC program was initially funded through the state of Arizona. Overtime, however, several tribes advocated for services that were directed by the tribes themselves and that met the needs of tribal members. As part of this effort, in 1986 the Inter Tribal Council of Arizona (ITCA), led by the Colorado River Indian Tribes, Gila River Indian Community, Salt River Pima-Maricopa Indian Community and the Tohono O'odham Nation, applied for and received approval to become a WIC state agency through the USDA, initially funding seven Tribes. Currently, the ITCA WIC program provides services to 13 reservation communities and the Indian urban populations in the Phoenix and Tucson area.[32] The San Carlos Apache WIC is one of the tribally operated programs under the ITCA WIC umbrella.

Free and Reduced Lunch

The National School Lunch and Breakfast Program is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch. The income criteria for the 2014-2015 school year are shown below.

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[28] Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

[29] Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). American Journal of Preventive Medicine, 45(4):422–429

[30] Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. Journal of the academy of nutrition and dietetics, Article in Press. http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf

[31] Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. Pediatrics, 131(5), 919-927.

[32] http://itcaonline.com/wp-content/uploads/2012/01/2010-Annual-Report.pdf

Table 17. Free and reduced lunch eligibility requirements for 2014-2015 school year

FEDERAL INCOME CHART: 2014-2015 SCHOOL YEAR						
	FREE MEALS – 130%			REDUCED PRICE MEALS – 185%		
Household Size	Yearly Income	Monthly Income	Weekly Income	Yearly Income	Monthly Income	Weekly Income
1	$15,171	$1,265	$292	$21,590	$1,800	$416
2	$20,449	$1,705	$394	$29,101	$2,426	$560
3	$25,727	$2,144	$495	$36,612	$3,051	$705
4	$31,005	$2,584	$597	$44,123	$3,677	$849
5	$36,283	$3,024	$698	$51,634	$4,303	$993
6	$41,561	$3,464	$800	$59,145	$4,929	$1,138
7	$46,839	$3,904	$901	$66,656	$5,555	$1,282
8	$52,117	$4,344	$1,003	$74,167	$6,181	$1,427
Each Additional Person	$5,278	$440	$102	$7,511	$626	$145

http://www.fns.usda.gov/sites/default/files/2014-04788.pdf

As Table 18 shows, in the Fort Thomas Unified District, nearly 90 percent of their students were eligible for free or reduced lunch. In the San Carlos Unified District, approximately three-quarters of their students were eligible for free or reduced lunch.

Table 18. Free and reduced lunch eligibility in the San Carlos Apache Region

SCHOOL DISTRICT NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Fort Thomas Unified District	87%
San Carlos Unified District	75%

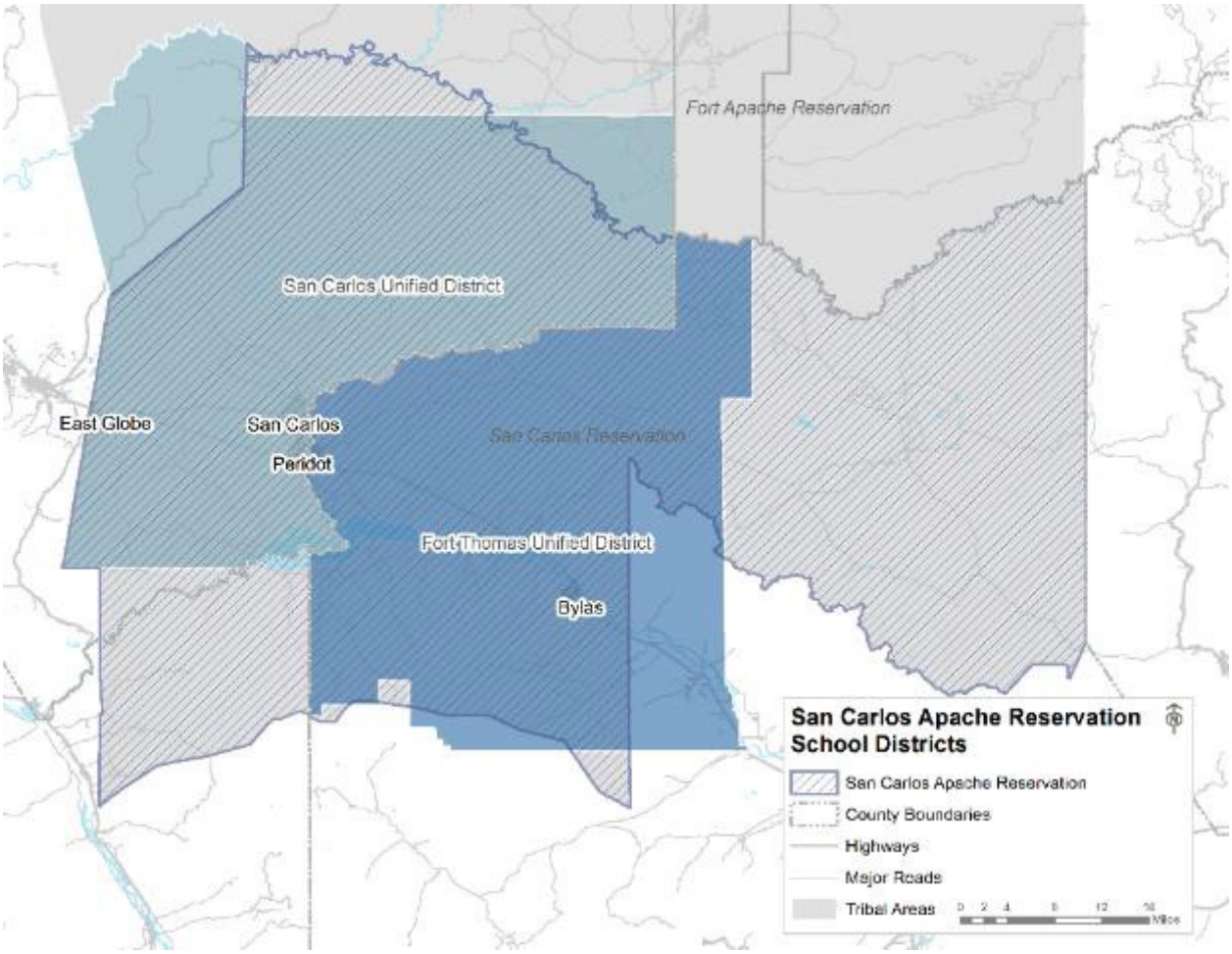
Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from http://www.azed.gov/health-nutrition/frpercentages/

Educational Indicators

San Carlos Unified District is the only school district that lies fully within the reservation boundaries and includes Rice Elementary and San Carlos Secondary/High School. Children who live in the region also attend school in the Fort Thomas Unified District which includes Fort

Thomas Elementary, Fort Thomas Junior High/High School and Mount Turnbull Academy, an alternative high school located in Bylas. (see Figure 9).

Figure 9. School districts in the San Carlos Apache Region



2010 TIGER/Line Shapefiles prepared by the US Census, 2010

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children's educational attainment.[33] More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.[34] A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a

[33] Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O'Hare, W., Mather, M., & Dupuis, G.

[34] Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from http://www.edweek.org/media/QualityCounts2013_Release.pdf

national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent $7,666 per pupil in 2011, below the national average of $10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.[35]

New legislation at the federal and state levels have the objective of improving education in Arizona and nationwide. These initiatives are described in the following sections.

Common Core/Early Learning Standards

The Common Core State Standards Initiative is a nationwide initiative which aims to establish consistent education standards across the United States in order to better prepare students for college and the workforce. The initiative is sponsored by the Council of Chief State School Officers (CCSO) and the National Governors Association (NGA). Common Core has two domains of focus: English Language Arts/Literacy (which includes reading, writing, speaking and listening, language, media and technology), and Mathematics (which includes mathematical practice and mathematical content). The initiative provides grade-by-grade standards for grades K-8, and high school student standards (grades 9-12) are aggregated into grade bands of 9-10 and 11-12.

To date, 44 states and the District of Columbia have adopted the Common Core State Standards. Arizona adopted the standards in June of 2010 with the creation of Arizona's College and Career Ready Standards (AZCCRS). A new summative assessment system which reflects AZCCRS will be implemented in the 2014-2015 school year. More information about the Common Core State Standards Initiative can be found at www.corestandards.org, and additional information about AZCCRS can be found at http://www.azed.gov/azccrs.

Educational Attainment

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment. [36] Some studies have indicated that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.[37]

[35] Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from http://www2.census.gov/govs/school/11f33pub.pdf.

[36] Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from http://www.aecf.org/~/media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf

[37] Merrill, P. Q. (2010). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/

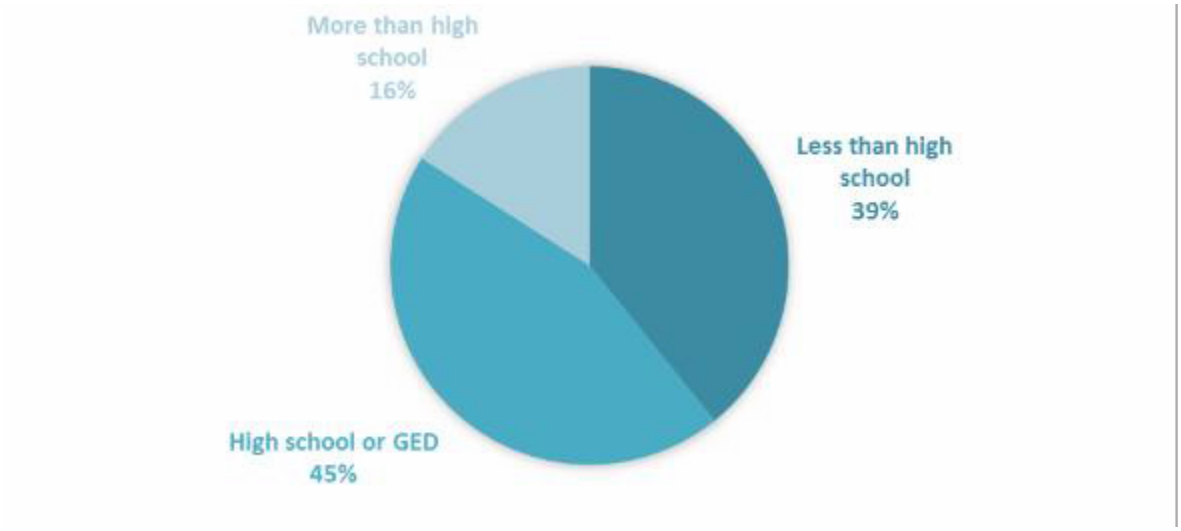
Adults in the San Carlos Apache region show lower levels of education than the state of Arizona overall, with 26 percent of adults in the region without a high school diploma or GED. This rate, however, is lower than the rate of all Arizona reservations combined (30%) (see Table 19). In addition, 39 percent of the births in the San Carlos Apache Region are to women without a high school diploma or GED, a rate that is higher than that of all Arizona reservations combined (33%) (Figure 10).

Table 19 Educational achievement of adults

GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with some college or professional training	Adults (ages 25+) with a bachelor's degree or more
San Carlos Apache Region	26%	39%	30%	5%
All Arizona Reservations	30%	33%	29%	7%
Arizona	15%	24%	34%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B15002. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Figure 10. Births by mother's educational achievement on the San Carlos Apache Region (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The San Carlos Apache Tribe Education Department provides adult education and training for community members pursuing a GED or higher education at vocational training schools or colleges under their Adult Education and Job Placement & Training Programs. The Department also provides financial support services to university/college students. The Johnson O'Malley Program with the San Carlos Apache Tribe Education Department provides supplemental

services to eligible students through sub-contracting schools from the age of 3 and until students reach the 12th grade.

Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.[38] This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty. The table below shows the drop-out rates in the school districts in the region.

Table 20. High school graduation and drop-out rates

GEOGRAPHY	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Fort Thomas Unified District	64%	2%
San Carlos Unified District	54%	10%

Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from http://www.azed.gov/research-evaluation/graduation-rates/; Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from http://www.azed.gov/research-evaluation/dropout-rate-study-report/

The Arizona Department of Education calculates four-year graduation rates according to federal education guidelines. The four-year graduation rate consists of the number of students who graduate with a regular high school diploma within four years divided by the number of students in the cohort of the graduating class. A cohort consists of the number of students who enter 9th grade for the first time, adjusted each year by adding any students who transfer into the cohort and subtracting any students who transfer out of the cohort, emigrate out of the US, or die.[39] The drop-out rate is calculated by dividing the number of drop-outs by the number of students currently enrolled in school. Students who are enrolled at any time in the school year but are not enrolled at the end of the school year are counted as drop-outs if they did not transfer to another school, graduate, or die.[40]

[38] Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from http://files.eric.ed.gov/fulltext/ED518818.pdf.

[39] United States Department of Education (2008). High School Graduation Rate: Non-regulatory guidance. Retrieved from http://www.azed.gov/research-evaluation/files/2012/08/grad_rate_guidance.pdf

[40] Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from http://www.azed.gov/research-evaluation/dropout-rate-study-report/

Early Education and School Readiness

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and have higher test scores.[41] Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3rd to last nationally in the number of preschool aged children enrolled in preschool.[42] In the San Carlos Apache Region, 38 percent of the three and four year old children are estimated to be enrolled in early education settings. This proportion is higher than the estimated percent of children enrolled in early education settings in both the state (34%) but slightly lower than the proportion of all Arizona reservations combined (41%) (see Table 21).

Table 21. Children (3-4) enrolled in nursery school, preschool, or kindergarten

GEOGRAPHY	PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
San Carlos Apache Region	444	38%
All Arizona Reservations	6,881	41%
Arizona	185,196	34%

American Community Survey 5-Year Estimates, 2008-2012, Table B14003

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona's youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children's health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).[43]

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[41] Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from http://www.aecf.org/~/media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf

[42] Children's Action Alliance. Retrieved from http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf

[43] First Things First. *Arizona School Readiness Indicators.* Retrieved from: http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf

Standardized Test Scores

The primary in-school performance of current students in the public elementary schools in the state is measured by Arizona's Instrument to Measure Standards (AIMS). AIMS is required by both state and federal law, and is used to track how well students are preforming compared to state standards. Performance on AIMS directly impacts students' future progress in school. As of the 2013-2014 school year, Arizona's revised statute (also known as Move on When Reading) states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test… that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

As Table 22 shows, half of third-graders in Fort Thomas Unified School District passed the math portion of the AIMS (as indicated by a combination of the percentages for "Meets" and "Exceeds"). As seen in Table 22, half of third-graders in Fort Thomas Unified School District and 21 percent of third-graders in San Carlos Unified School District passed the reading portion of the AIMS.

Table 22. Math 3rd grade AIMS results

Local Education Agency (LEA)	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Fort Thomas Unified District	14%	36%	36%	14%	50%
San Carlos Unified District	54%	30%	16%	0%	16%
Arizona (All charter and district schools)	9%	23%	43%	26%	68%

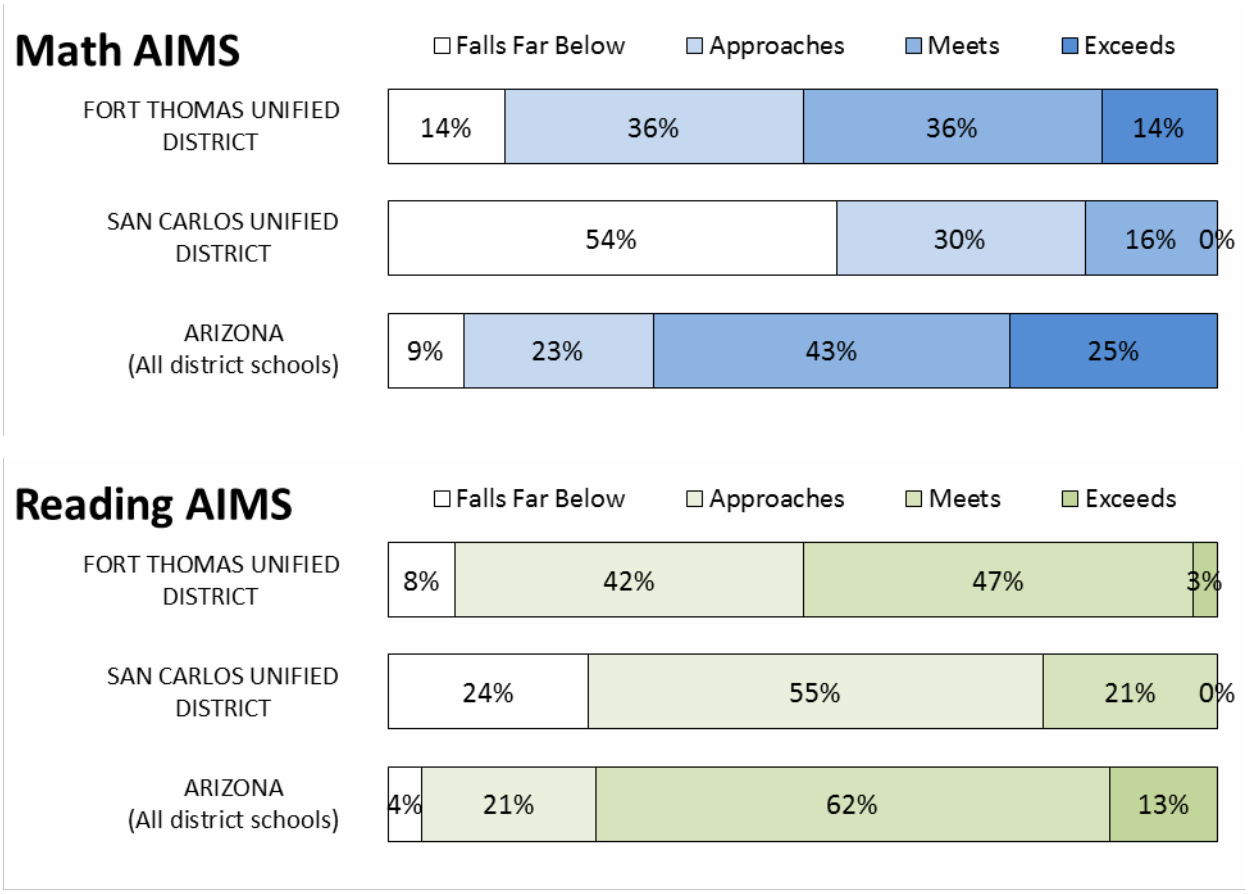
Arizona Department of Education (2013). AIMS and AIMSA 2013. Retrieved from http://www.azed.gov/research-evaluation/aims-assessment-results/

Table 23. Reading 3rd grade AIMS results

Local Education Agency (LEA)	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Fort Thomas Unified District	8%	42%	47%	3%	50%
San Carlos Unified District	24%	55%	21%	0%	21%
Arizona (All charter and district schools)	4%	21%	62%	13%	75%

Arizona Department of Education (2013). AIMS and AIMSA 2013. Retrieved from http://www.azed.gov/research-evaluation/aims-assessment-results/

Figure 11. Results of the Arizona Instrument to Measure Standards (AIMS) Test



Arizona Department of Education (2013). AIMS and AIMSA 2013. Retrieved from http://www.azed.gov/research-evaluation/aims-assessment-results/

A sample of Arizona students in grades 4, 8, and 12 also takes the National Assessment of Educational Progress (NAEP), which is a nationally administered measure of academic achievement that allows for comparison to national benchmarks. Using these data, it is clear that strong disparities in reading achievement exist in the state based on income. Eighty-five percent of low-income fourth graders in Arizona were reading below proficiency by the NAEP standards, compared to 57 percent of fourth graders from high income households. [44]

Other studies have shown that five year-olds with lower-income, less-educated parents tend to score more than two years behind on standardized language development tests by the time they enter kindergarten. Further, new research suggests that this gap in language development

[44] Annie E. Casey Foundation. (2014). Early Reading Proficiency in the United States. January 2014. Retrieved from http://www.aecf.org/~/media/Pubs/Initiatives/KIDS%20COUNT/E/EarlyReadingProficiency/EarlyReadingProficiency2014.pdf

begins as early as 18 months of age.[45] In order for children to be prepared to succeed in school, and on tests such as the AIMS and NAEP, early reading experiences, opportunities to build vocabularies and literacy rich environments are effective ways to support the literacy development of young children.[46]

The Early Childhood System: Detailed Descriptions of Assets and Needs Quality and Access

Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system,[47] and have better long-term outcomes into adulthood as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use.[48] Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.[49]

Early childhood care and education services in the region include the Apache Kid Child Care Center, San Carlos Child Readiness Program, San Carlos Head Start Program, and the school-based preschool at San Carlos Unified School District. Families in the region also utilize the services of unregulated home-based providers. The Apache Kid Child Care Center is the only center-based provider in the region that has the capacity to enroll children ages 0-3. According to key informants, families must rely on unregulated home-based care to meet the needs of parents with infants and toddlers.

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[45] Carey, B. (2013). Language gap between rich and poor children begins in infancy, Stanford psychologists find. Retrieved from Stanford News http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html

[46] First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

[47] Lynch, R. (2007). Enriching Children, Enriching the Nation (Executive Summary). Washington, DC: Economic Policy Institute. Retrieved from http://www.epi.org/content.cfm/book_enriching

[48] The Annie E Casey Foundation. *The first eight years; giving kids a foundation for lifetime success*. (2013). Retrieved from http://www.aecf.org/~/media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf

[49] Castelazo, M. (2014). Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

Center and home-based care

Center-based child care services in the region are available from the tribally-operated Apache Kid Child Care Center and the San Carlos Child Readiness Program.

Apache Kid Child Care Center provides services to children in the region at two sites in San Carlos and Bylas (the Bylas site shares the building with the San Carlos Head Start Program). Eligibility criteria for services include income (with preference for low-income families), teen parents enrolled in high school, Tribal TANF clients, and parents in the workforce. Cost of care is based on a sliding scale fee (in FY2012-2013 the average copayment per child was $58).[50]

In FY 2011-2012 the Center served a total of 128 children ages 0 to 13. Of those, 102 (or 80%) were under the age of six. In FY2012-2013, there were 110 children enrolled in the Center (ages 0 to 13), with 95 of them (or 86%) being under the age of six.[51]

A recent addition to the early childhood education system in the region is the San Carlos Child Readiness Program, funded through a four-year grant by the U.S. Department of Education as part of the Demonstration Grants for Indian Children program. The Child Readiness Program started to operate in the summer of 2013 and serves four year-old children at two sites. The Program implements a child-centered curriculum that provides hands-on experiential learning and integrates the Apache culture and language into all project components.[52] According to key informants, the program seeks to enroll children who did not meet the eligibility criteria for the San Carlos Head Start Program or children who moved back to the region recently and were not enrolled in any other center-based program. There are no fees associated with participating in the Child Readiness Program.

As of February of 2014, there were 37 children enrolled in the Child Readiness Program (about 20 children per site). The program operates from 8:00 am to 2:00 pm and cost-free after-care for participating children can be provided by the Apache Kid Child Care Center until 4:30 pm.

Families in the region also utilize the services of unregulated home-based providers. Recognizing the importance of high-quality home-based services, the San Carlos Apache Regional Partnership Council funds the Family, Friend and Neighbor strategy. Through this

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[50] Apache Kid Child Care. *Child Care and Development Fund Annual Report October 2012-September 2013.* Unpublished report provided by the Apache Kid Child Care.

[51] Apache Kid Child Care. *Child Care and Development Fund Annual Report October 2011-September 2012.* Unpublished report provided by the Apache Kid Child Care; Apache Kid Child Care. *Child Care and Development Fund Annual Report October 2012-September 2013.* Unpublished report provided by the Apache Kid Child Care.

[52] U.S. Department of Education – Demonstration Grants for Indian Children. http://www2.ed.gov/programs/indiandemo/awards.html

program, which is managed by the Apache Kid Child Care Center, home-based providers who care for children ages 0 to 5 receive trainings from qualified Early Childhood Education specialists. Training topics include: child safety, first aid/CPR, nutrition/food handlers class, and child development among others. In addition, the program helps providers develop job-related skills such as resume writing, computer literacy, and also planning for higher-education courses. Providers also receive financial support for finger printing and drug testing so they can eventually become regulated providers. According to program staff, transportation for participants is one of the main barriers they encounter, as well as finding more families who are willing to take advantage of services provided by program participants.

Local Education Agency Preschools

Under the No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state's academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.[53] The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.[54] San Carlos Unified School District is utilizing these funds to provide a range of programmatic and support services for young children in the region. In 2013-2014 there were 26 children enrolled in the San Carlos Unified District's preschool program.

Table 24. Local Education Agency Preschools

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
San Carlos Unified District	1	26
All Arizona Districts	220	10,063

Arizona Department of Education (2014). October 1 Enrollment 2013-2014. Retrieved from http://www.azed.gov/research-evaluation/arizona-enrollment-figures/

San Carlos Apache Head Start Program

Head Start is a comprehensive early childhood education program for pre-school aged children whose families meet income eligibility criteria. The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The San Carlos Apache Region is served by the

[53] Arizona Department of Education, 2011. Retrieved from: http://www.ade.az.gov/asd/title1/MissionProgDescription.asp

[54] Using Title I of ESEA for Early Education Retrieved from: http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf

San Carlos Apache Head Start, which is a tribally-operated program providing services in Seven Miles Wash, Gilson Wash, Peridot and Bylas. The San Carlos Apache Head Start serves a total of 233 children ages 3 and 4, although the vast majority of children enrolled in the program (88%) are 4 years old.[55] The program provides half-day double sessions, four days a week in 12 classrooms. The San Carlos Apache Head Start also has a kindergarten transition program.

As of February 2014, the Head Start program had fewer than 30 children in the waiting list, which according to staff members is a lower number compared to previous years, when there were over 60 children in the waiting list. The fact that the newly started Child Readiness Programs specifically recruited families from the Head Start waiting list may explain the lower number in the 2014 list.

Table 25 below summarizes the enrollment of children in the center-based early childhood care and education programs in the region in 2012-2013. Key informants indicated that there may be a sense of having to 'compete' for preschool-aged children among center-based providers. A total of 338 were enrolled in center-based programs in 2012-2013. This number indeed represents a high proportion of preschool-aged children in the region: according to Census data, there were 444 children ages 3 and 4 in the region in 2010. This means that about 74% of the children in that age range were enrolled in a center-based program in the region (see Table 26 below).

Table 25. Participation in center-based early childhood education programs, 2012-2013

EARLY CHILDHOOD EDUCATION PROGRAM	AGES	STUDENTS ENROLLED
San Carlos Head Start	3-4	233
Apache Kid Child Care Center	3-4	42
San Carlos Apache Child Readiness Program	4	37
San Carlos Unified District Preschool	3-4	26
TOTAL	--	338

[55] San Carlos Apache Head Start. *2012-2013 Program Information Report*. Retrieved from https://hses.ohs.acf.hhs.gov/pir/reports. Please note that this percentage is based on the total cumulative enrollment (255 children) and not on the total funded enrollment (233). The total cumulative enrollment includes all children ever-enrolled in the program regardless of the duration of their enrollment. The program can only serve a total of 233 children at any given point in time.

Table 26. Proportion of preschool-age children participating in early childhood education programs in the region, 2012-2013

GEOGRAPHY	CENSUS 2010 CHILDREN (3-4)	PRESCHOOL-AGE CHILDREN ENROLLED IN EARLY CHILDHOOD EDUCATION PROGRAMS	
		CHILDREN ENROLLED	% ENROLLED
San Carlos Apache Region	444	338	74%

Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from https://hses.ohs.acf.hhs.gov/pir/
US Census (2010). Table P14. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

The large proportion of preschool-aged children currently participating in early childhood education programs is an asset in the region. However, a challenge remains in the provision of services to children birth to three. Currently, Apache Kid Child Care Center is the only center-based provider with the capacity to enroll children in that age range. In 2012-2013 a total of 53 children ages 0 to up to 3 years old were enrolled at Apache Kid Child Care Center.[56] Key informants noted that additional child care services for the children in this age range as one of the main needs of families in the region.

Quality First

Quality First, a signature program of First Things First, is a statewide continuous quality improvement and rating system for child care and preschool providers, with a goal to help parents identify quality care settings for their children.

Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.[57] Quality First providers with higher star ratings receive higher financial

[56] Apache Kid Child Care. *Child Care and Development Fund Annual Report October 2012-September 2013.* Unpublished report provided by the Apache Kid Child Care.

[57] First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

incentives and less coaching while those with lower ratings receive more coaching and lower financial incentives.[58]

Table 27 describes the rating scale as defined by First Things First.

Table 27. Quality First Rating Scale

1 Star (Rising Star)	2 Star (Progressing Star)	3 Star (Quality)	4 Star (Quality Plus)	5 Star (Highest Quality)
Demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements.	Demonstrates a commitment to provide environments that are progressing in the ability to foster the health, safety and development of young children.	Demonstrates a level of quality that provides an environment that is healthy and safe with access to developmentally appropriate materials. Curriculum is aligned with state standards. Interactions between adults and children are enhanced. Staff qualifications exceed state regulatory requirements.	Demonstrates a level of quality that provides an environment of developmentally appropriate, culturally sensitive learning experiences. Curriculum is aligned with state standards. Relationships between adults and children are nurturing and promote language development and reasoning skills.	Demonstrates a level of quality that provides an environment of lower ratios/group size and higher staff qualifications that supports significant positive outcomes for young children in preparation for school. Curriculum is aligned with state standards and child assessment. Relationships between adults and children are nurturing and promote emotional, social, and academic development.

According to the San Carlos Apache Region SFY 2015 Regional Funding Plan, in SFY15 there are 7 center-based and 1 home-based Quality First Providers funded in the region. These include the four Head Start Centers (Gilson Wash, Seven Mile Wash, Peridot and Bylas), both sites of

[58] The BUILD Initiative. Arizona State Profile. Retrieved from http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf

the Apache Kid Child Care Center (San Carlos and Bylas), and the San Carlos Youth Home. One center slot is currently vacant, but it is anticipated that it will be taken up by SCUSD preschool.

Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers holding a college degree rose from 47 to 50 percent over the same time period. During that same period however, the wages of assistant teachers, teachers and administrative directors working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona, only make about half the annual income of kindergarten and elementary school teachers across the state. [59] It is likely that these issues impact retention and turnover of early care and education professionals across the state.

Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in the pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one FTF Region. According to the San Carlos Apache Region SFY15 Regional Funding Plan, there are 15 TEACH scholarships available to early childhood education professionals in the region.[60]

Opportunities for Professional Development

Local professional development opportunities in the early childhood education area are available from Eastern Arizona College (offering courses in Thatcher) and Gila Community College offering courses in Globe and San Carlos.

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[59] Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona's Unknown Education Issue: Early Learning Workforce Trends. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf

[60] San Carlos Apache FTF Regional Partnership Council. (2014). *SFY 2015 Regional Funding Plan*. Retrieved from http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20San%20Carlos%20Apache%20SFY15.pdf

Other early childhood education professional development opportunities are available in the region through the Arizona Department of Economic Security Early Childhood Professional Training[61], offered through Yavapai College. This training is a no-cost, 60-hr course covering the basics of child development, nutrition, early reading and math activities and child-care licensing to prepare participants to enter the early care and education workforce. The grant provides up to 15, 60-hour workshops in 11 counties in Arizona each year. Upon completion, students can earn college credits. Arizona Childcare Resource and Referral also publishes a quarterly newsletter on early childhood training opportunities in Gila County.[62]

Another opportunity for professional development in the early childhood education area is available through San Carlos High School. Students are given the unique opportunity to enroll in the Early Childhood Education (ECE) program offered by the school. The purpose of the ECE program, is to prepare students to become preschool, elementary or secondary teachers. Students who participate in the program gain experience working with young children through off-site field placements, and also receive First-Aid and CPR training. The curriculum of the ECE program was specifically designed so that completed classes can easily transfer to institutions of higher education that offer teaching certificates. Upon completion of the program, students (once reaching the age of 18) will meet the requirements to become a certified Childhood Development Associate (CDA) in the state of Arizona. Students who complete the ECE program also receive 3 college credits from the Gila Community College. [63]

Health

Access to Care

Health care in the San Carlos Apache Region is provided through the Indian Health Service (IHS) San Carlos Service Unit and the San Carlos Apache Tribe Wellness Center. The San Carlos Service Unit is part of the Phoenix Area Indian Health Service, and services are currently provided at two facilities: San Carlos Hospital and Bylas Health Center. The inpatient unit at the hospital has an 8-bed capacity. Outpatient services include general medical, pediatric, prenatal and postpartum care, surgical follow up and various specialty care services. This facility also has available ground and air transportation for emergency care. The Bylas Health Center provides outpatient urgent care and community health programs. It is staffed by one physician accompanying ancillary staff.

As a result of the Indian Self-Determination and Education Assistance Act (PL-93-638) (ISDEAA), federally-recognized tribes have the option to receive the funds that the Indian Health Service

[61] https://v5.yc.edu/v5content/academics/divisions/visual-and-performing-and-liberal-arts/DES.htm

[62] http://www.arizonachildcare.org/providers/professional-development.html

[63] http://www.scbraves.org/etcweb/ECE.htm

(IHS) would have used to provide health care services to tribal members. The tribes can then utilize these funds to directly provide services to tribal members (they can also opt to take the funds from IHS and provide the services through another entity). This process is commonly known as utilizing "638 contracts".

This means that tribes have three options regarding the overall management of their health services: 1) Having IHS fully manage all services; 2) Having IHS manage some services and taking over responsibility for other services (a 638 contract); or 3) Taking over control of *all* services from IHS and have them be fully managed by the tribe (known as 638 compact). Most tribes in Arizona currently have their health services managed through options 1 or 2. Through contracts and compacts, ISDEAA enables tribes more control over the federal funds that are allotted to the IHS for health care enabling tribes to self-determine how funding will be distributed based on the tribe's own identified needs and priorities.

The San Carlos Apache Tribe has conducted a study that confirmed the feasibility for the tribe to contract healthcare services currently being provided by IHS through a brand new facility under construction two miles east of the community of Peridot. The San Carlos Rural Health Care Center, a new 180,000-square-foot campus expected to open in the summer of 2014, will represent a major addition to the healthcare system in the region. The Rural Health Care Center will include five buildings that will provide emergency, public health, behavioral health and oral health care. In addition, the new hospital will have a 15-bed capacity with services including: labor and delivery, primary care, specialty care, acute care, podiatry and audiology, physical therapy, urgent care, diagnostic imaging and pharmacy and dietary.[64]

A survey of parents and caregivers of young children in the region included a question about where parents access health care services for their children, whether they are affordable and what they would change about currently available services.[65] The majority of survey respondents indicated they take their children) to the Indian Health Services (IHS) clinic in San Carlos or Bylas (Clarence Wesley Health Center) for their child's health care needs. Those who take their children to the IHS clinics in the San Carlos Region, reported that they liked the affordability of the IHS clinic, and the fact that it was close by (walking distance for some). Other respondents, however, indicated that living outside of San Carlos and Bylas, made accessing the IHS clinics difficult if transportation was not available. When asked what they would change about the IHS clinics, the majority of survey respondents indicated that they would lessen the wait time they experience when trying to see a doctor or get a prescription

[64] http://www.eacourier.com/news/san-carlos-apache-tribe-and-banner-health-to-explore-management/article_4a177df8-abb1-11e2-b8cf-001a4bcf887a.html

[65] Additional information on the methodology used to collect these data will be included in an Appendix in the final draft.

filled. Additionally, many survey takers indicated that they feel there is a need to hire additional highly trained staff and doctors at the clinics, in order to lessen wait times and improve services.

Aside from the San Carlos and Bylas IHS clinics, other survey takers indicated that they take their children) to clinics outside of the San Carlos Apache Reservation for health care for their children. The majority of parents, who traveled outside of San Carlos for health care, indicated they traveled to Globe, to receive services from Palo Verde Family Care and other clinics located in Globe. Other respondents indicated they traveled to Phoenix or Safford for health care services for their children), and a small number of respondents indicated that they travel to the cities of Mesa or Payson. Those who traveled off the San Carlos Apache Reservation for health care services indicated they did so because they preferred the services at those clinics, and were able to afford these services because their children) had health insurance through AHCCCS or private insurance.

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places. [66] The San Carlos Apache Region is designated as its own PCA.

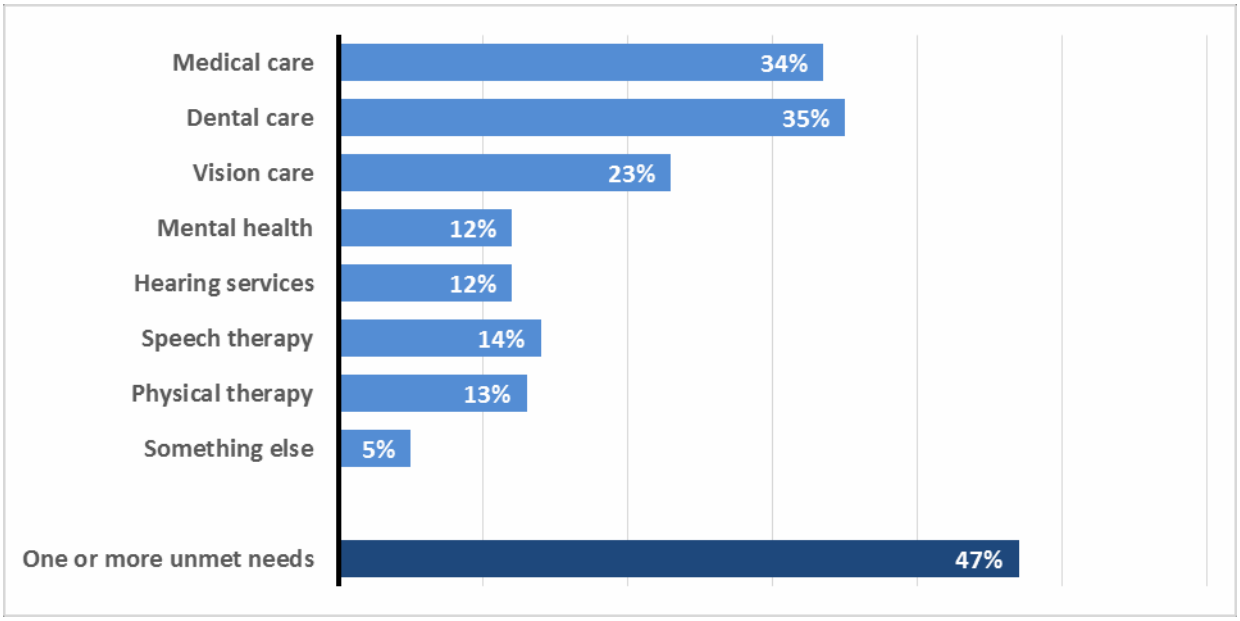
The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions; population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. Based on its scores on these indicators, the San Carlos Apache Primary Care Area is designated as Medically Underserved.

One of the Arizona Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. An indicator of access to health services is whether or not a child was able to receive care in a timely manner when he or she needs it. A set of questions on the San Carlos Apache Tribe Parent and Caregiver Survey (see Appendix D for more information about the survey) asked whether their child had needed health care in the past year, but the care was delayed or never received. Almost half (47%) of the parents and caregivers reported that their child (or children) had not received timely health care at least once during the previous year. Most frequently, it

[66] Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

was dental care (35%), medical care (34%), or vision care (23%) that was delayed or not received.

Figure 12. Percent of respondents who reported that necessary health care was delayed or not received.



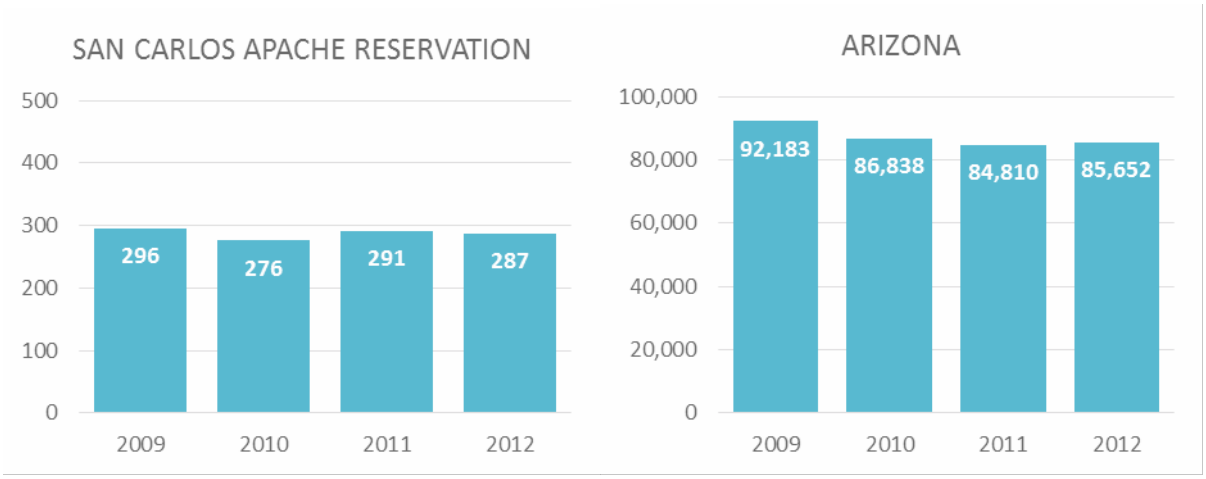
Source: Parent and Caregiver Survey, 2014

Pregnancies and Births

The Maternal and Child Health Program under the San Carlos Apache Tribe Department of Health and Human Services began to provide services at a new location in San Carlos in the fall of 2013. Prenatal care services are available locally, but women need to travel outside of the region to give birth. This is expected to change with the opening of the new hospital in Peridot, which will include a labor and delivery unit.

From the 1950's until the economic downturn in 2008, the number of babies born each year in Arizona had increased each year. Since 2008, the number of babies born each year has been less than the number born the year before. This decreasing trend may be over, as the number of births in 2012 (85,652) was greater than the number in 2011 (84,810). In the San Carlos Region, however, the number of births remained steady since 2009. In 2012, the most recent year for which data are available, a total of 287 babies were born in to mothers residing in the region.

Figure 13. Total births by year on the San Carlos Apache Region and in the state (2009-2012)



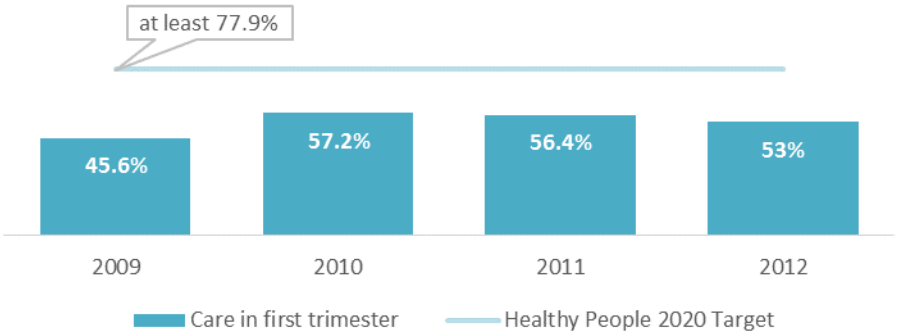
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.[67] Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. In Arizona as a whole, seventy-nine percent of births meet this standard. The percent of births with early prenatal care in the San Carlos Apache Region has been substantially below the Healthy People 2020 target across multiple years. In 2012, the latest year for which data are available, the San Carlos Apache Region was far below meeting the Healthy People 2020 target, with only 53 percent of babies being born to mothers who received early prenatal care.

[67] Kiely, J.L. & Kogan, M.D. *Prenatal Care.* From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf

Figure 14. Percent of births with prenatal care begun first trimester (2009-2012)

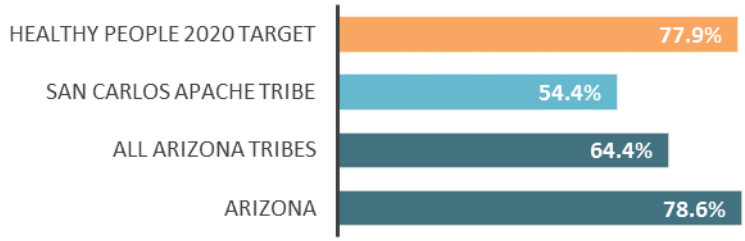


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Because the San Carlos Apache Region is relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to vary from one year to the next. The San Carlos Apache Tribe Primary Care Area (PCA) Statistical Profile provides data on a number of maternal and child health indicators averaged over a ten-year span (2002-2011). PCA data are also available for all Arizona tribes combined, and the state as a whole. Where available, in this report we will present both the yearly trend data provided to First Things First by the Arizona Department of Health Services (as shown in Figure 13) and the PCA data that allows for comparisons to the county, all Arizona reservations, and the state (Figure 15).

The graph below shows that women in the San Carlos Apache Region received early prenatal care at a substantially lower rate (54.4%) than women in all Arizona reservations (64.4%) over a ten-year span (2002-2011).

Figure 15. Average percent of births with prenatal care begun first trimester (2002-2011)

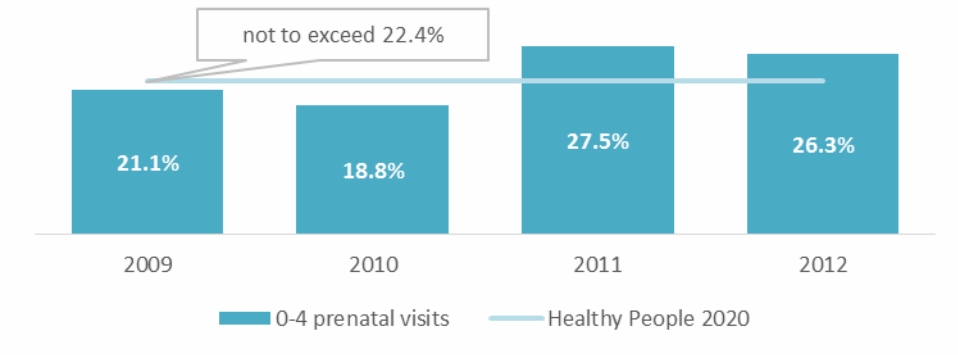


Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer

prenatal care visits are considered an inadequate number.[68] The Healthy People 2020 target for receiving fewer than five prenatal care visits is 22.4 percent or less. The San Carlos Apache Region did not meet this target in 2011 and 2012, the most recent years for which data are available (see Figure 16).

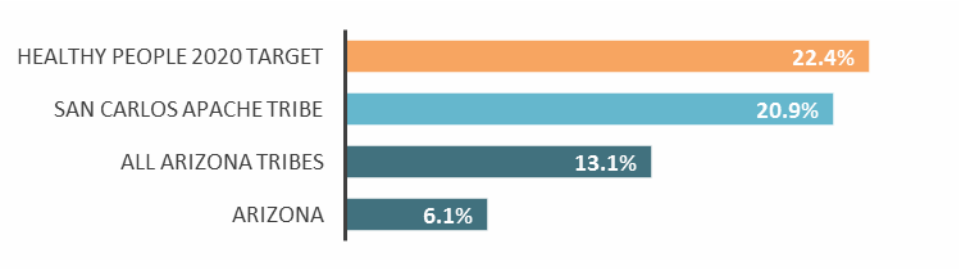
Figure 16. Percent of births with fewer than five prenatal care visits (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The figure below shows that the region met the Healthy 2020 target for adequate number of prenatal care visits over the ten-year span of 2002-2011 but at a higher average rate (20.9%) than all Arizona reservations combined and the state as a whole (13.1% and 6.1%, respectively).

Figure 17. Average percent of births with fewer than five prenatal care visits (2002-2011)



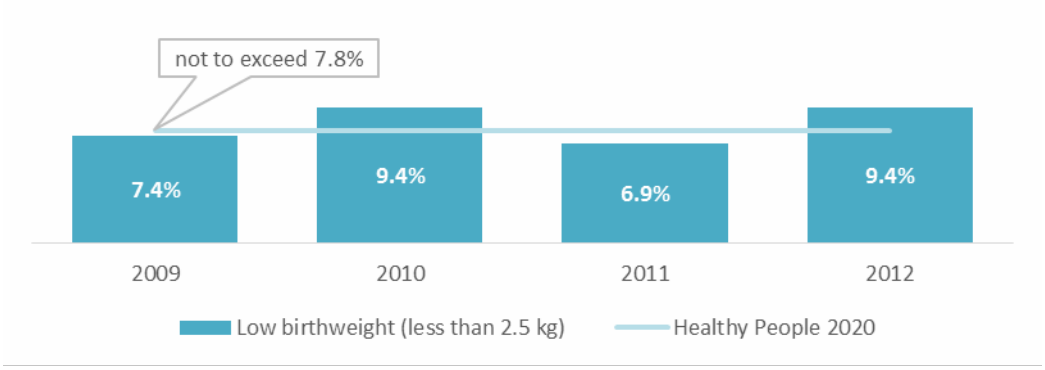
Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and

[68] American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2002

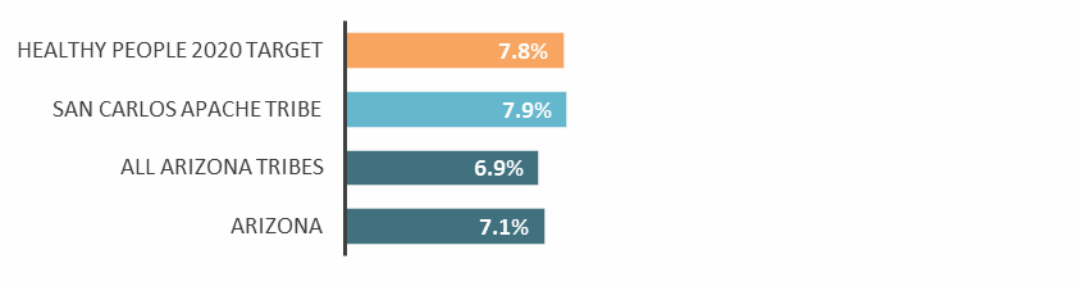
birth defects,[69] as well as air pollution.[70] The Healthy People 2020 target is 7.8 percent or fewer births where babies are low birth weight. The San Carlos Apache Region met this target in two of the four years examined (2009 and 2011). However, PCA data averaged over ten years show that the region's low birth weight rate (7.9%) was higher than the rate of all Arizona reservations, and the statewide rate (6.9% and 7.1%, respectively), failing to meet the Healthy People 2020 target by a small margin (see Figure 18 below).

Figure 18. Percent of births with low birth weight (5 lbs., 8oz. or less) (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 19. Average low birth weight (5 lbs., 8oz. or less) births (2002-2011)



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, sudden

[69] Arizona Department of Health Services. Preterm Birth and Low Birth Weight in Arizona, 2010. Retrieved from: http://www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf

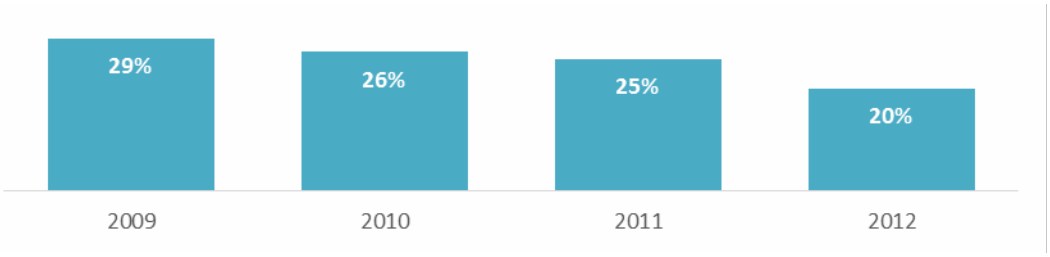
[70] Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). The Lancet Respiratory Medicine. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

infant death syndrome, and child abuse and neglect.[71] In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.[72]

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 11th highest teen birth rate nationally.[73] Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that teen parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas.

The decreasing trend in the number of teen births at the state level is also visible in the San Carlos Apache Region, where the percent of births to mothers ages 19 or younger fell by from 29 percent to 20 percent between 2009 and 2012 (see Figure 19). However, the San Carlos Apache Region 2012 rate of 20 percent continues to be substantially higher than the statewide rate of nine percent.

Figure 20. Percent of births to mother age 19 and younger (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

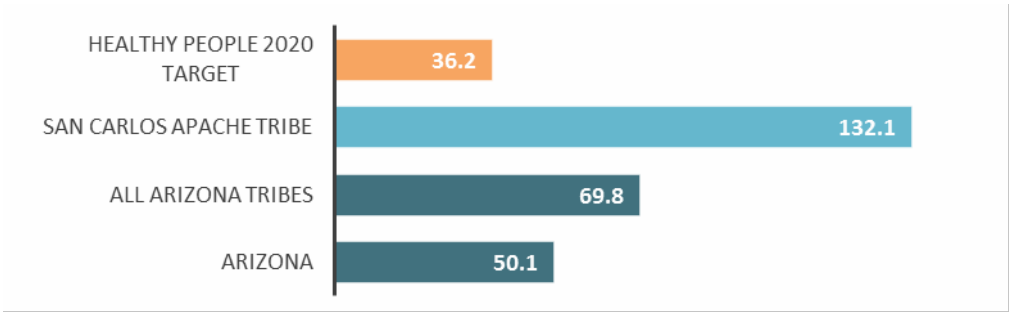
[71] Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family Planning, Healthy People 2010. Retrieved from: http://www.healthypeople.gov/Document/HTML/Volume1/09Family.htmgov/Document/HTML/Volume1/09Family.htm

[72] Centers for Disease control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from: http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm

[73] The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012. http://thenationalcampaign.org/data/compare/1701

PCA data averaged over ten years show that the rate of teen births per 1,000 females in the region is much higher than the combined all Arizona reservations rate, and the state as a whole.

Figure 21. Rate of teen births (ages 19 and younger) per 1,000 females (2002-2011)



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29% decline.[74] However the teen birth rate in Arizona is still higher than the national average, for both girls aged 10-14 and 15-19. In Arizona, teen pregnancy was estimated to have cost the state $240 million in 2010. The costs in previous years had been much higher and if the declines in teen pregnancy seen in recent years had not occurred, the state would have needed to spend an estimated $287 million more in 2010.[75] Reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population[76] and it appears to be a concern for the region too.

Teen pregnancy is often linked with preterm births,[77] and the percent of preterm births in the region has failed to meet the Healthy People 2020 target of 11.4 percent or less in all four years examined (see Figure 22).

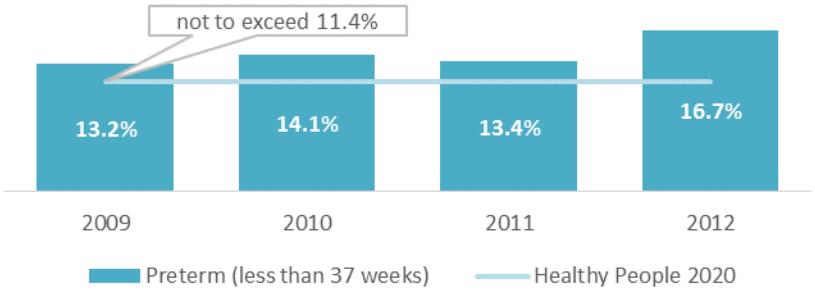
[74] Arizona State Health Assessment, December 2013. Arizona Department of Health Services. http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

[75] The National Campaign to Prevent Teen and Unplanned Pregnancy. Counting It Up. The Public Costs of Teen Childbearing in Arizona in 2010. April 2014. Retrieved from: http://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-arizona.pdf

[76] Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf

[77] Chen, X-K, Wen, SW, Fleming, N, Demissie, K, Rhoads, GC & Walker M. (2007). International Journal of Epidemiology; 36:368–373. Retrieved from: http://ije.oxfordjournals.org/content/36/2/368.full.pdf+html

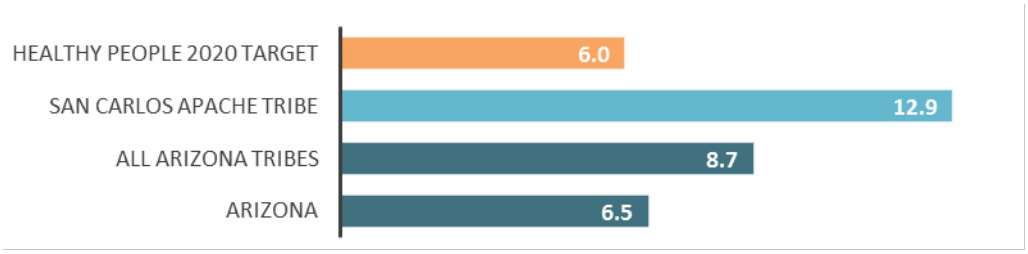
Figure 22. Percent of births that are preterm (less than 37 weeks) (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

One of the consequences that has been linked to high teen birth rates is high infant mortality. The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births. As can be seen in Figure 22, averaged over ten years, the rates for the San Carlos Apache Region, all Arizona reservations and the state, exceeded that rate.

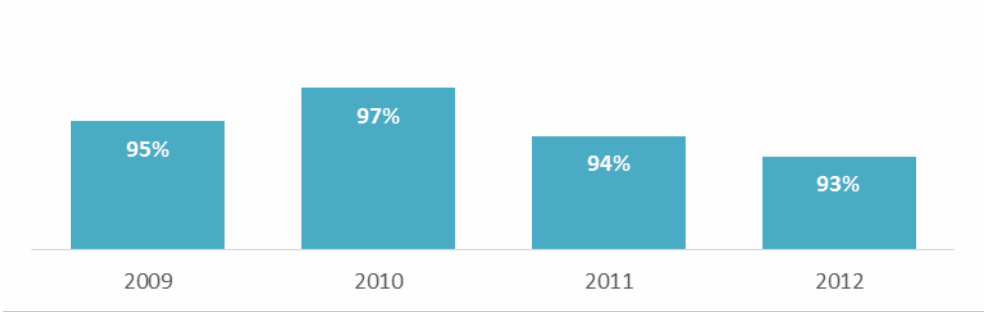
Figure 23. Average infant mortality rate per 1,000 live births (2002-2011)



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

The percent of births to that were covered by the Arizona Health Care Cost Containment System (AHCCCS, Arizona's Medicaid) or the Indian Health Service (IHS) has remained stable at about 95 percent since 2009 (Figure 23). This is considerably higher than the statewide rate of 55 percent of births with AHCCCS or IHS as the payee in 2012.

Figure 24. Births covered by AHCCCS or IHS by year (2009-2012)



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The average percent of uninsured births (defined as self-pay or 'unknown' payee in the Vital Statistics birth record) in the region (1%) is substantially lower than the Arizona rate (4%) and the all Arizona reservations rate (6%, see Figure 24).

Figure 25. Average percent of uninsured births (2002-2011)

Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

San Carlos Apache WIC Program Maternal and Child Health Indicators

The San Carlos Apache WIC Program is managed by San Carlos Apache Department of Health and Human Services and it operates under the Inter Tribal Council of Arizona (ITCA) WIC Program umbrella. ITCA regularly produces a *WIC Program Maternal and Child Health Profile* for each of the participating tribal programs. The tables below show a selection of the maternal and child health indicators contained in the 2012 Profile (please note that the actual data in the report are for the year 2011). Data from the ITCA WIC program as a whole are included in the tables below for comparison.[78]

About ten percent of the San Carlos WIC newborns had a low birth weight (defined as weighing less than 2.5 kilograms, or 5.5 pounds). This rate is just above the Healthy People 2020 target of

[78] The "ITCA WIC" rates include aggregated data from all the tribal and urban Indian programs under the ITCA umbrella which include: Colorado River Indian Tribes WIC, Gila River Indian Community WIC, Havasupai Tribe WIC, Hopi Tribe WIC, Hualapai Tribe WIC, Native Health WIC, Pascua Yaqui Tribe WIC, Salt River Pima Maricopa WIC, San Carlos Apache Tribe WIC, Tohono O'odham Nation WIC, White Mountain Apache Tribe WIC and Yavapai Apache Nation WIC.

eight percent, but similar to the rate of all ITCA WIC programs. Nine percent of San Carlos WIC babies were premature (defined as a gestation of less than 37 weeks). This rate meets the Healthy People target of 11.4 percent or less.

The San Carlos WIC ever-breastfed rate (22.1%) falls far below the Healthy People 2020 target (81.9%) and is also much lower than the ITCA WIC rate overall (64.8%).

The rate of obesity in the older children in the San Carlos WIC program (27.6%) is similar to the ITCA WIC rate (25.5%), and exceeds the Healthy People 2020 target of 9.6 percent. [For more information about this topic see the *Overweight and Obesity* section below].

Table 28. Infant and child health indicators from San Carlos Apache WIC Clients

	San Carlos Apache WIC (2011)	ITCA WIC (2011)	HEALTHY PEOPLE 2020 TARGET
AGES OF INFANTS AND CHILDREN DURING 2010			
0	22%	24%	
1	22%	22%	
2	20%	18%	
3 to 4	36%	36%	
BIRTH WEIGHT			
High birth weight (4 kg or more)	6.8%	8.2%	
Normal birth weight	83.3%	81.3%	
Low birth weight (2.5 kg or less)	9.8%	10.5%	7.8%
PRETERM BIRTHS			
Less than 37 weeks	9.1%	6.8%	11.4%
INFANT BREASTFEEDING			
Ever breastfed	22.1%	64.8%	81.9%
OVERWEIGHT AND OBESITY IN CHILDREN (2-4 YEARS OLD)			
Overweight (85th to 95 percentile)	22.7%	20.9%	
Obese (95th percentile or greater)	27.6%	25.5%	9.6%

Inter Tribal Council of Arizona, Inc. (December 2012). San Carlos Apache Tribe WIC Program Maternal and Child Health Profile. Unpublished report provided by the San Carlos Apache Tribe WIC Program

Eleven percent of the mothers enrolled in the San Carlos WIC program in 2012 were under the age of 18. This is over twice as high as the percent of teen mothers enrolled in the ITCA WIC programs overall (5%).

A mother's weight before birth can impact a baby's birth weight,[79] and may subsequently impact overweight or obesity in childhood.[80] Three-quarters of the San Carlos WIC mothers

[79] Koepp UMS, Andersen LF, Dahl-Joergensen K, Stigum H, Nass O, Nystad W. Maternal pre-pregnant body mass index, maternal weight change and offspring birthweight. *Acta Obstet Gynecol Scand* 2012; 91:243–249.

were overweight or obese at the beginning of pregnancy. The pre-pregnancy overweight/obesity rate has increased substantially in the region since 2006.

Mothers in the San Carlos WIC program received early prenatal care at a rate (73.7%) that is slightly below the Healthy People 2020 target of at least 77.9 percent.

No mothers who enrolled in San Carlos WIC were smoking at the time of their enrollment. However seven percent of San Carlos WIC mother reported a smoker living in their household. Both of these rates are less than the rates among ITCA WIC women.

Reported alcohol consumption (0%) during the third trimester meets the Healthy People 2020 target (2%).

Table 29. Maternal health indicators from San Carlos Apache WIC Clients

	San Carlos Apache WIC (2011)	ITCA WIC (2011)	HEALTHY PEOPLE 2020 TARGET
MATERNAL AGE			
17 or younger	11%	7%	
18 to 19	13%	14%	
20 to 29	61%	59%	
30 to 39	14%	20%	
40 or older	1%	1%	
PRE-PREGNANCY BODY MASS INDEX (BMI)			
Normal weight (or Underweight)	24.9%	27%	53.4%
Overweight (BMI 25 to 30)	32%	27.5%	
Obese (BMI over 30)	43.2%	45.5%	
PRE-PREGNANCY OVERWEIGHT OR OBESE			
2006	27.4%	61.7%	
2007	37.6%	60.1%	
2010	72%	72.9%	
2011	75.2%	73%	
PRENATAL CARE			
Begun during first trimester	73.7%	81.1%	77.9%
ALCOHOL AND TOBACCO			
Mother smokes at initial WIC visit	0%	2.0%	1.4%
Smoker present in the household	6.3%	8.5%	-
Alcohol consumption in last trimester	0%	0.2%	1.7%

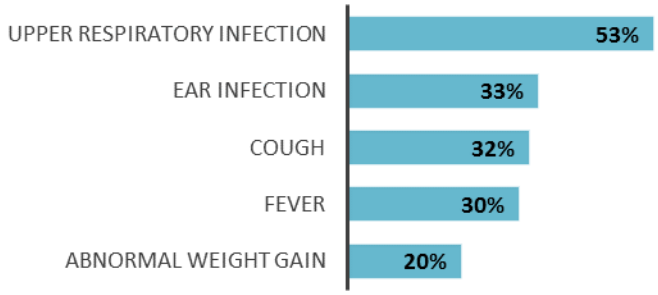
Inter Tribal Council of Arizona, Inc. (December 2012). San Carlos Apache Tribe WIC Program Maternal and Child Health Profile. Unpublished report provided by the San Carlos Apache Tribe WIC Program

[80] O'Reilly JR, & Reynolds RM. The Risk of Maternal Obesity to the Long-term Health of the Offspring. *Clinical Endocrinology*. 2013; 78(1):9-16. Retrieved from: http://www.medscape.com/viewarticle/776504_3

Children's Health

Data on a number of child health indicators were available from the Indian Health Service for active users under the age of six residing in the region (a total of 1,691 children).[81] The figure below shows the top five diagnoses for children under the age of six residing in the region who received care at IHS facilities. About half of the young children were seen for an upper respiratory infection and approximately one-third were seen for ear infections, cough or fever.

Figure 26. Top five diagnoses by unique patients (0-5), 2011-2013



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

The data in Figure 26 reflect the most frequent specific diagnostic codes for ear infections and asthma. When all codes for those diagnoses are considered an estimated 39 percent of active users under six in the region were seen for an ear infection in that two-year period,[82] while 25 percent were seen because of asthma.[83]

Insurance Coverage

Affordable Care Act and Medicaid Expansion

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state's children (those under 18 years of age) uninsured.[84]

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative

[81] For more information on the definition of 'active users' and how these estimates were calculated see Footnote 91

[82] A slightly more broad definition of ear infections was used to query "any care" compared to the top five diagnoses; hence those numbers differ some what

[83] Indian Health Service Phoenix Area. [2014]. *Health Indicators*. Unpublished data provided by the Indian Health Service Phoenix Area.

[84] Mancini, T. & Alker, J. (2013). Children's Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf

and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90 percent thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately $14,000 for an individual and $29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 percent and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums.[85] These individuals can purchase health insurance thru health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover of a number of "essential" services relevant to children. These include routine eye exams and eye glasses for children once per year, and dental check-ups for children every six months.[86] However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.[87] A potential barrier to this method is that a separate, additional premium for this supplemental plan is required,[88] and subsidies will not be available for these separately purchased plans.[89] Both these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these "essential" services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the use of pediatric dental and vision coverage in Arizona.

Affordable Care Act and American Indians and Alaska Natives

As mentioned, the ACA aims to improve the health of all Americans by increasing health care coverage and health care services. The ACA also permanently reauthorizes the Indian Health Care Improvement Act, which legalizes the provisions of health care to be provided to American Indians and Alaska Natives (AIANs). Under the ACA, all Indian Health Service providers and functions will continue to operate as before; and AIANs who acquire health care coverage

[85] The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. http://health.utah.gov/disparities/data/ACAResourceKit.pdf

[86] Arizona EHB Benchmark Plan. Centers for Medicare & Medicaid services. http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf

[87] Essential Health Benefits. Arizona Department of Insurance. June 1, 2012. http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf

[88] Can I get dental coverage in the Marketplace? https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/

[89] Kids' Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts. http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226

through the Market Place are still eligible to receive services from Indian Health Service and tribal and urban health clinics/programs. In addition, the ACA contains several mandates concerning American Indians and Alaska Natives (AIANs), tribal health delivery systems, and tribal employers that are important to take note of.

American Indians who are members of federally recognized tribes (and Alaska Natives who are members of ANCSA Corporations) have special privileges under the ACA that other Americans do not have. One such privilege is the ability to enroll in a health insurance plan at any time during the year, regardless of open enrollment time frames. AIANs are also able to change their health insurance plans as often as once a month. Qualified AIANs are also eligible for special insurance plan rates. Those who make below 300 percent of the federal poverty level (approximately $34,500 for an individual and $70,700 for a family of four) are eligible to enroll in Zero Cost Sharing plans which require no out-of-pocket costs to enrollees. Additionally, qualified AIANs who make above 300 percent of the federal poverty level, are eligible to enroll in Limited Cost Sharing plans. AIANs are also eligible to apply for exemption from the fee (Shared Responsibility Fee) that applies to Americans who can afford to buy health insurance, but choose not to buy it. Those who are not members of a federally recognized tribe but are still eligible to receive Indian health care services, can also benefit from special cost eligibility requirements for both Medicaid and the Children's Health Insurance Program (CHIP).

Enrolling in Medicaid, CHIP, and private insurance plans offers both individual health benefits and benefits for entire tribal communities and all AIAN people. Individuals who enroll in a health insurance plan gain increased access to health care services by being able to visit their insurance plan providers and Indian Health Services, Tribes and Tribal Organizations, and Urban Indian Organizations (I/T/Us). Entire AIAN communities benefit because when an outside insurer is billed for medical services there is a savings in Contract Health Service. The money saved through outside billing (3rd party billing) can then be used in other ways to benefit all tribal citizens.

Another mandate of the ACA is that many employers must offer health care insurance coverage to their employees. Tribes are unique in this sense because many tribes also function as employers, therefore, this mandate will apply. However, this mandate will effect tribes and tribal employers differently, depending on the number of full-time and full-time equivalent employees the tribe/tribal enterprise has. As a basic rule of thumb, employers who employ 50 or more full-time or full-time equivalent employees are classified as a 'Large Employer' and required to offer health insurance to their employees or pay a fine. More information regarding employer health insurance mandates and an interactive questionnaire for employers can use to find out what their business is classified as and what their health insurance responsibilities are can be found at http://tribalhealthcare.org/tribal-employers/.

According to data from the American Community Survey (ACS), the estimated proportions of uninsured population overall (47%) and uninsured young children in the region (55%) are substantially higher than the estimated rates for the state as a whole and all Arizona reservations combined (Table 30).

Table 30. Percent of population uninsured[90]

GEOGRAPHY	POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
San Carlos Apache Region	10,068	47%	1,435	55%
All Arizona Reservations	178,131	29%	20,511	23%
Arizona	6,392,017	17%	546,609	11%

US Census (2010). Table P14. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B27001. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Note: Because of small sample sizes some estimates cannot be reliably calculated

The ACS estimated proportion of children birth to five who are uninsured in the region shown on the table above (55%), however, is lower than the rate of children without third-party insurance coverage in the region as reported by the Indian Health Service (66%, see Figure 26 below). The insurance coverage data provided by the Indian Health Service were based on 1,348 children ages 0 to 5, [91] a number that is very close to the total population of children in that age range reported by the Census 2010 (1,435); ACS data are based on survey estimates. Therefore, it is likely that the IHS estimate is the more accurate one.

Medicaid (AHCCCS) Coverage

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100 percent of the Federal Poverty Level or FPL) and the Title XXI program (Arizona's Children's Health Insurance Program known as KidsCare). KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100 percent -200 percent of the FPL. However, due to

[90] Please note that if an individual indicated that his only coverage for health care services is through the Indian Health Service (IHS), the ACS considers this person to be "uninsured."

[91] IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013. These data are based on the children's place of residence and not on where the service was provided. In this report we are including data from children residing in the communities of Bylas, Cutter, Gilson Wash, Gilson Well, Lower Peridot, North Gilson, Peridot, Upper Peridot, San Carlos, South Gilson, 7-Mile Wash, and Peridot Heights. It can be assumed that in most cases services were received at the local IHS in the region (San Carlos Hospital and Bylas Health Center).

budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010, and eligible new applicants were referred to the KidsCare Office to be added to a waiting list.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 percent to 175 percent of the FPL, based on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.[92]

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered thru the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 percent and 200 percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families cannot afford insurance because they do not qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 percent and 200 percent of the poverty level to enroll in KidsCare.[93]

Currently, enrollment for the original KidsCare remains frozen in 2014. Children enrolled in KidsCare with families making between 133 percent and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 percent and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance.[94]

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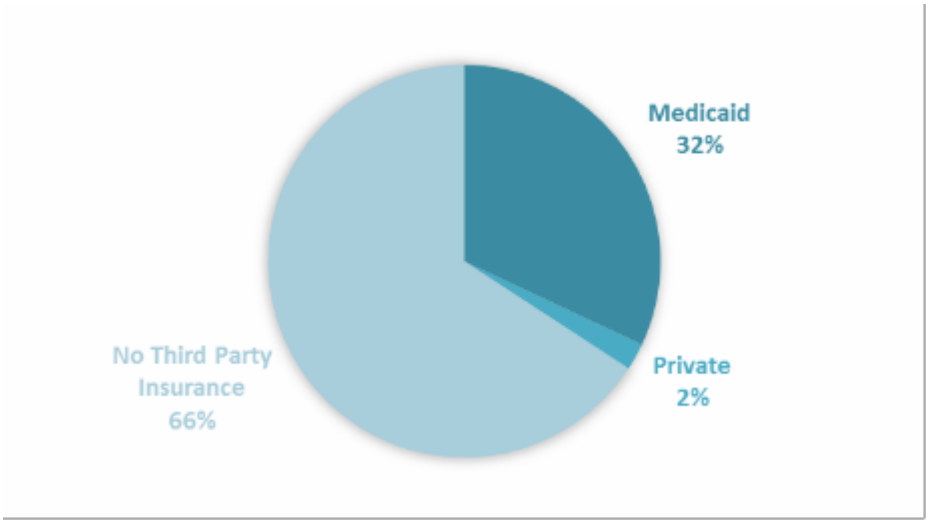
[92] Monthly premiums vary depending on family income but for KidsCare they are not more than $50 for one child and no more than $70 for more than one child. For KidsCare II premiums are no more than $40 for one child and no more than $60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application. http://www.azahcccs.gov/applicants/categories/KidsCare.aspx and http://www.azahcccs.gov/applicants/KidsCareII.aspx

[93] Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media. https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/

[94] Arizona State Health Assessment, December 2013. Arizona Department of Health Services. http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

Data on Medicaid (or AHCCCS) coverage for young children in the region were available from the Indian Health Service.[95] Of the 1,348 children ages 0 to 5 for whom data were available, 32 percent were covered by Medicaid.

Figure 27. Insurance coverage, Indian Health Service active users (0-5), 2011-2013



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

Developmental Screenings and Services for Children with Special Developmental and Health Care Needs

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to 5 (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally." [96] The survey also estimates that nearly one in three Arizona children with special health care needs has an unmet need for health care services (compared to about one in four nationally).

In addition, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening do not receive appropriate follow up services to address this auditory need.[97]

[95] Please see Footnote 91 above for information of how these estimates were calculated.

[96] "Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs." NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from www.childhealthdata.org.

[97] Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either though their own schools or through agreements with other programs such as Head Start. In the San Carlos Apache Region, the San Carlos Unified School District is responsible for providing these services. The district's Special Education Office conducts developmental screenings 3 or 4 times a year.[98] Key informants noted, however, that the screening and intervention services available through the district are not enough to meet the demand in the region, and often children may go on for long periods of time without being assessed or referred for additional services. The number of children who can be enrolled in the preschool program is also limited. In addition, key informants noted that parents may choose to keep their children at home instead of enrolling them into one of the region's preschool programs which results in some children starting kindergarten without having ever received a diagnosis or treatment for their developmental delays.

AzEIP Referrals and Services

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), which also provides services or makes referrals to other appropriate agencies (e.g. for Department of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50% of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination,

[98] http://swmcdn.com/site_0514/SCUSD_PreschoolScreening_071513.pdf

social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

Private insurance often does not cover the therapies needed for children with special needs. The 2009-2010 National Survey of Children with Special Health Care Needs found that 22 percent of families with a child with special health care needs pay $1,000 or more in out of pocket medical expenses.[99] The cost of care has become an even more substantial issue as state budget shortfalls led AzEIP to institute a system of fees for certain services (called "Family Cost Participation"). Although no fees are associated with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, now have fees. The families of AHCCCS-enrolled children are not required to pay the fees. The cost of services is based on location and how difficult an area is to serve; urban areas are considered "base" and have lower rates per hour compared to rural areas. According to the AzEIP website, the agency is in the process of updating their Early Invention Policies and Procedures. The proposed revisions would eliminate the Family Cost Participation, and public comment on the new policy will be received through June 16, 2014.[100]

Regional AzEIP data was unavailable for the current report, however some state-level summaries were provided. During the month of February 2013, there were 5,451 AzEIP eligible children with an Individualized Family Service Plan. The total number of children served in Arizona in 2012 based on an October 1st count was 5,100. Of those, 667 were one year old or younger, 1,561 were between the ages of one and two and 2,872 were between two and three years of age. The total number of infants and toddlers receiving early intervention services from July 1, 2011, through June 30, 2012 was 9,738 (this includes all AzEIP eligible children including children served by AzEIP only; Division of Developmental Disabilities (DDD) and Arizona Schools for the Deaf and the Blind (ASDB)).[101]

The San Carlos Apache Region is served by three AzEIP providers: Arizona Cooperative Therapies, Dynamite Therapy and Easter Seals Blake Foundation. Depending on where on the reservation families reside, the AzEIP Central Referral System assigns cases to each of the providers listed above.

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[99] U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2013

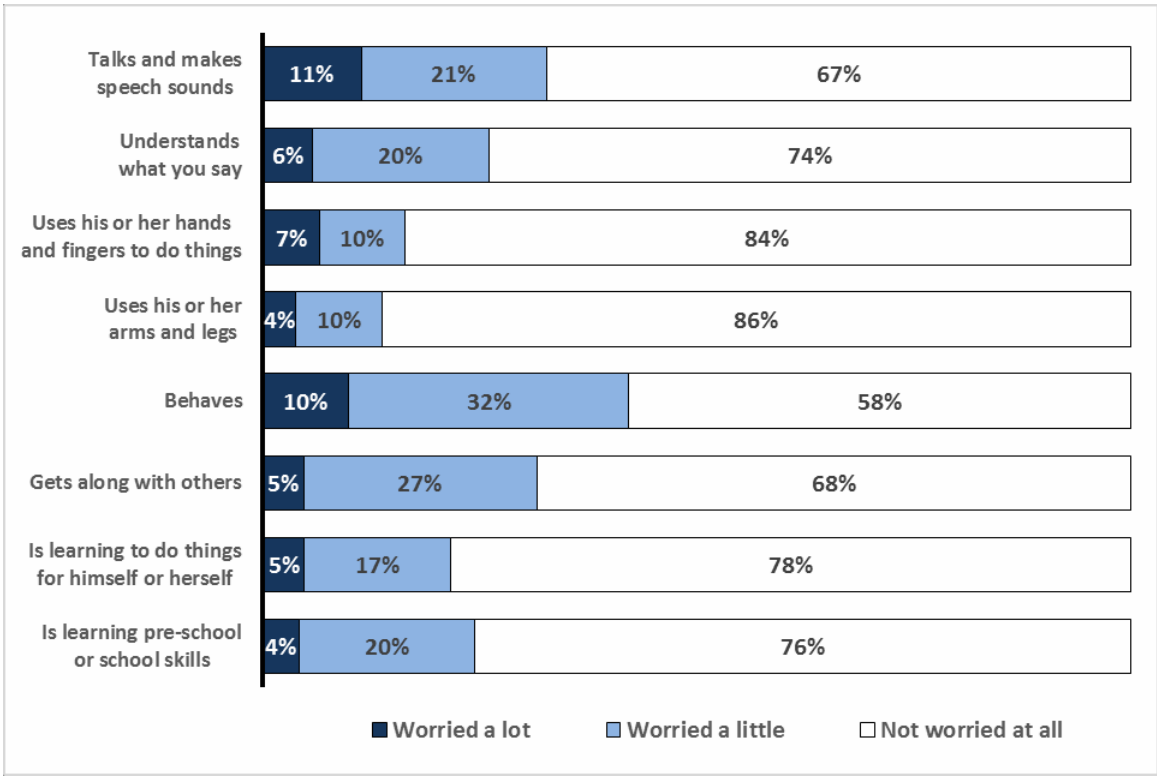
[100] https://www.azdes.gov/main.aspx?menu=98&id=13684

[101] Arizona Department of Economic Security. (2014). [AzEIP data set]. Unpublished raw data received through the First Things First State Agency Data Request.

Parent Perceptions of their Children's Developmental Needs

The Parent and Caregiver Survey conducted in the region in the spring of 2014 (see Appendix D for more information on the survey) included an item aimed at gauging the parents' and caregivers' concerns about their children's development. The question asked respondents to indicate how concerned they were about several developmental events and stages (response options included "not at all worried," "worried a little" and "worried a lot"). The three questions which revealed the greatest degree of concern were "How well your child behaves" (42% worried), "How well your child talks and makes speech sounds" (33% worried), and "How well your child gets along with others" (32% worried). Across the eight questions, 16 percent of the respondents reported being "worried a lot" about one or more, and 43 percent were "not worried at all" about all eight. (The remaining 41 percent were "worried a little" about at least one of the eight.)

Figure 28. Parents' and caregivers' reported levels of concern for how well their children are meeting developmental milestones.



Source: Parent and Caregiver Survey, 2014

Preschool and elementary school children enrolled in special education

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. As can be seen in

Table 34, the percentage of preschool and elementary school students enrolled in special education in Fort Thomas and San Carlos Unified School Districts are very similar to the state rate.

Table 31. Percent of preschool and elementary school children enrolled in special education

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Fort Thomas Unified District	2	318	41	13%
San Carlos Unified District	2	878	95	11%
All Arizona Public and Charter Schools	2,846	610,079	72,287	12%

Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request

According to key informants, health care providers at the local IHS facilities also initiate referrals to the School District or AzEIP.

Key informants indicated that there is a big need for additional services for children with special needs in the region, especially for those ages 0 to 3 years. Although some services are available locally, key informants indicated that they are very limited in their ability to provide care for children with more complex conditions like autism. Parents may have to take their children to Phoenix or Tucson for services, which creates a major barrier for accessing services. Another challenge is the fact that once a child is identified with a certain condition (e.g. fails a hearing test) local IHS providers may refer him to a specialist outside of the community. But Contract Health funds are very limited and often the referral will end there because funding is not available to cover these type of services. In addition, transportation and money to pay for gasoline are major barriers for families who are referred outside of the community for services.

Another challenge mentioned by key informants is the stigma and embarrassment that are still associated with a diagnosis of developmental delays. Parents may be reluctant to accept the diagnosis and seek out services because of this.

Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.[102] Maintaining high vaccine coverage rates in early childhood is the best way of preventing the spread of certain diseases in childhood, and provides a foundation for controlling these diseases among adults, as well. Healthy People 2020 set a target of 80

[102] Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html

percent for full vaccination coverage among young children (19-35 months). IHS data for the San Carlos Apache Tribe (FY2013) indicate that 74.7% of children 19-35 months have had the recommended vaccine series (using series 4:3:1:3:3:1:4), which is below the Healthy People Target.

According to the San Carlos Head Start Performance Information Report for the year 2012-2013, 65 percent of the children enrolled in the program were up-to-date in their immunizations at the end of the enrollment year.[103]

Table 32. Percent of San Carlos Apache Head Start children up-to-date on immunizations

PROGRAM	CHILDREN ENROLLED	PERCENT UP-TO-DATE ON IMMUNIZATIONS
San Carlos Apache Tribe Head Start	255	65%

Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from https://hses.ohs.acf.hhs.gov/pir/

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.[104] Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."[105] When young children experience stress and trauma they have limited responses available to react to those experiences. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.[106] A number of interacting factors influence the young child's healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors. [107]

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[103] Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from https://hses.ohs.acf.hhs.gov/pir/

[104] *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

[105] Zero to Three Infant Mental Health Task force Steering Committee, 2001

[106] Zero to Three Policy Center. Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

[107] Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems.* Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.[108]

Enrollment in Public Behavioral Health System

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Arizona is divided into separate geographical service areas served by various RBHAs: Cenpatico Behavioral Health Services (CBHS) serves La Paz, Yuma, Greenlee, Graham, Cochise, Santa Cruz, Gila, and Pinal Counties. [109] In 2012, there were 25,166 enrollees in CBHS, representing 8.5 percent of those enrolled in Arizona RHBAs.[110]

Each RBHA contracts with a network of service providers similar to health plans to deliver a range of behavioral health services, including treatment programs for adults with substance abuse disorders, and services for children with serious emotional disturbance.

In 2012, over 213,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 68,743 (32%) of enrollees were children or adolescents, up from 21 percent in 2011; children aged birth though five years comprised

[108] Zero to Three Policy Center. Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

[109] Arizona State Health Assessment, December 2013. Arizona Department of Health Services. http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

[110] Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System.* Phoenix, Arizona. Retrieved from http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf

almost 56 percent of all enrollees[111] in 2012, compared to four percent in 2011.[112] With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there is a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.[113] Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this there needs to be better and quicker identification of children exposed to violence and trauma and in need of mental health intervention, and more child-specific, trauma-informed services available to treat these children.[114]

Behavioral health services in the region are also available from the San Carlos Apache Wellness Center, a tribally-run outpatient mental health and substance abuse program with various satellite locations throughout the San Carlos Apache Indian Reservation. The Wellness Center was one of the first telepsychiatry clinics in the nation offering a variety of services in conjunction with the University of Arizona Telemedicine Program. The Wellness Center has a licensed child psychologist on staff in addition to a residency program that brings in other professionals to the region on a temporary basis. The Wellness Center also works with the telepsychiatry program at the University of Arizona.

Young Warriors is another program available through the Wellness Center serving elementary school children in the region.

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[111] Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System.* Phoenix, Arizona. Retrieved from http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf

[112] Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System.* Phoenix, Arizona.

[113] Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

[114] United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children 0-4 have never seen a dentist. In a statewide survey conducted by the ADHS Office of Oral Health, parents most frequently cited difficulties in finding a provider who will see very young children (34%), and the belief that the young child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.[115] Among Arizona third-grade children screened in 2009-2010, American Indian children showed higher rates of decay experience (treated and untreated) than did non-Native children (93 percent compared with 76 percent), with 62 percent showing signs of untreated decay (compared to 41 percent among non-American Indian children). American Indian children were also less likely to have seen a dentist during the year prior to their screening (59 percent, compared to 73 percent for non-American Indian children).[116]

Dental services for children 6 months of age to 5 years of age are available at the IHS San Carlos Hospital.

Parents and caregivers of young children who participated in the Parent and Caregiver Survey, were asked where they take their young children for dental care, what they like about the services they receive, and what they would change about them. Nearly all of the parents, who participated in the Parent/Caregiver survey, indicated that they take their children to the IHS facilities in the area (San Carlos or Bylas) or to Arizona's Tooth Doctor for Kids, a private provider in Globe that sees children on AHCCCS. Many parents indicated that they take their children to both an IHS dental clinic and the private provider in Globe and indicated that all three clinics (San Carlos IHS, Bylas IHS, and Arizona's Tooth Doctor for Kids) are affordable (services are provided at no cost at IHS and at the private provider if the child is on AHCCCS). Other respondents indicated that they take their children to Phoenix, Tucson, Payson, Mesa, Queen Creek, or Safford for dental care.

In 2009 IHS launched a national initiative called Early Childhood Caries (ECC) Collaborative with the overall goal of the program being to draw attention to, and prevent early childhood caries,

[115] Office of Oral Health, Arizona Department of Health Services. (2009). Arizona *Oral Health Survey of Preschool Children.*

[116] *Arizona American Indian Oral Health Summit, Final Report* (2011). Retrieved from http://www.azdhs.gov/diro/tribal/pdf/reports/OralHealthSummit2011.pdf

which affects more than half of American Indian children nationwide. Early Childhood Caries (ECC, also known as early childhood tooth decay) is an infectious disease that can start as early as when an infant's teeth erupt having lasting detrimental impact on a child's health and well-being.

The ECC Collaborative is a multi-faceted program designed to enhance knowledge about early childhood caries prevention and early intervention among dental providers, health care providers in general, other programs working with young children (such as WIC and Head Start) and the community at large. The IHS Division of Oral Health provides funding for this Collaborative for printed materials, training for conducting dental health surveillance in participating communities utilizing the Basic Screening Survey (BSS), travel costs for presentations to engage community partners at many levels, and the conduction of the actual BSS. One finding of the 2010 BSS survey of particular importance was that nationwide, by the age of two years old, 44 percent of children already had some form of dental carries, leading the IHS ECC Collaborative Committee to make the statement that "two is too late" for children to be receiving their first oral exam by a dentist.

The ECC Collaborative has collected oral health data from IHS Service Areas 6 months prior to, and 6 months after the ECC was launched around their four objectives of: 1) Increasing access to care, 2) Increasing number of sealants applied, 3) Increasing the number of fluoride varnish applications, and 4) Increasing the number of ITRs applications for American Indian/Alaska Native children 0 to 5 years of age. Currently, the IHS ECC Collaborative is in its 5th and final year of operation, final data collection will take place in the fall of 2014. After final data is collected, the IHS ECC Collaborative will then evaluate various interventions that have been on-going since the initiative began, and identify which interventions were the most effective in reducing the prevalence of ECC in American Indian Children. [117] Data from the 2010 and 2011 ECC Basis Screening Survey (BSS) show that a total of 78 children 0 to 5 participated in the survey at the San Carlos Service Unit. Sixty nine percent of the children surveyed in San Carlos had tooth decay and 55 percent had untreated decay (compared to 57% and 36% in the IHS Phoenix Area as a whole, respectively). In the IHS Phoenix Area overall, more than half of the young children surveyed (52%) had caries by age two. By five years of age, 75 percent of the children had caries.[118]

[117] Indian Health Service Early Childhood Caries Collaborative (2014). The IHS ECC Collaborative: Beginning the 5th and Final Year. *The IHS Dental Explorer*, 1-14.

[118] Huber, D. (2013, June). Arizona Basic Screening Survey Results 2010, 2011. Presentation delivered at the 2013 Intertribal Circle of Caring and Sharing Training Conference, Prescott, Arizona.

Table 33. Tooth decay among young children

GEOGRAPHY	% CHILDREN (0-5) WITH TOOTH DECAY	% CHILDREN (0-5) WITH UNTREATED TOOTH DECAY	MEAN NUMBER OF TEETH WITH DECAY	NUMBER OF PARTICIPATING CHILDREN
San Carlos Service Unit	69%	55%	5.02	78
Phoenix Area IHS	57%	36%	3.69	571
All IHS	54%	39%	3.5	NA

Huber, D. (2013, June). Arizona Basic Screening Survey Results 2010, 2011. Presentation delivered at the 2013 Intertribal Circle of Caring and Sharing Training Conference, Prescott, Arizona.

The IHS ECC encourages collaboration between dental providers and key partners such as Head Start programs. In 2012-2013 almost all children enrolled in the San Carlos Head Start program received an oral health exam (97%) and all received preventative dental care. Sixty-nine percent of the children examined were found to need dental treatment, and 65 percent were reported to have received treatment.[119]

Table 34. Oral Health Services to children enrolled in the San Carlos Apache Head Start

PROGRAM	CHILDREN ENROLLED	% CHILDREN WITH CONTINUOUS ACCESSIBLE DENTAL CARE	% CHILDREN RECEIVING DENTAL PREVENTATIVE CARE	% CHILDREN WITH ORAL HEALTH EXAM	% CHILDREN DIAGNOSED NEEDING DENTAL TREATMENT	% CHILDREN RECEIVING DENTAL TREATMENT
San Carlos Apache Tribe Head Start	255	100%	100%	97%	69%	65%

Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from https://hses.ohs.acf.hhs.gov/pir/

Untreated decay can become a medical problem. Additional IHS data provided for active users ages birth to five from the San Carlos Apache Region over a two year period (2011-2013) show 966 unique visits to IHS dental facilities, with 154 patients being diagnosed with baby bottle tooth decay.

According to Broderick et al. (1989), baby bottle tooth decay (BBTD) is a specific pattern of tooth decay that affects young children, usually attributed to feeding practices such as putting a child to sleep with a bottle containing a drink with sugar. Tooth decay caused by BBTD may cause serious oral health problems later in life. Multiple IHS surveys have suggested that BBTD is more prevalent among Native American populations than the US population as a whole. [120]

[119] Office of Head Start (2013). *2013 Performance Indicator Report Data Extract*. Retrieved from https://hses.ohs.acf.hhs.gov/pir/

[120] Broderick E, Mabry J, Robertson D, Thompson J. (1989). Baby bottle tooth decay in Native American children in Head Start centers. Public Health Rep 104:50-54

In addition to the IHS ECC Collaborative going on at the national level, there are other local initiatives at the state level promoting awareness on the importance of early childhood oral health among Native children in Arizona. In April of 2011 the first Arizona American Indian Oral Health Summit was held at the Fort McDowell Yavapai Nation. One of the recommendations that originated from this gathering was the creation of an Arizona American Indian Oral Health Coalition with the goal of improving oral health literacy, prevent oral health disease, increase the quality of treatment, and increase the number of Native oral health professionals in the state. The Arizona American Indian Oral Health Coalition was awarded a grant from the DentaQuest Foundation to conduct a series of Tribal Leaders' Roundtables with representatives from all Arizona tribes. These gatherings provided recommendations for the structure and future goals of the Coalition, whose overall goal is to advocate for improved oral health among American Indians living in Arizona.

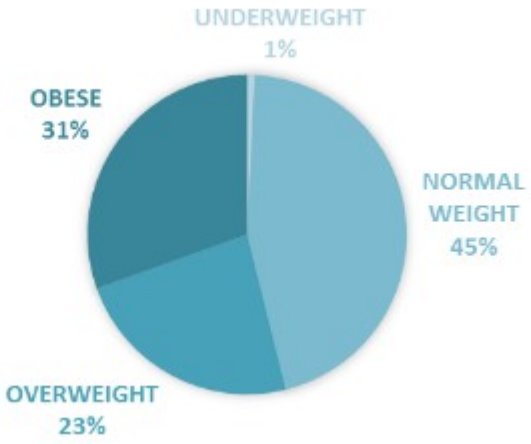
Overweight and Obesity

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten.[121]

In addition to the San Carlos WIC data shown in Table 28 above, data on overweight and obesity rates among young children are also available from the Indian Health Service (IHS) for children who reside in the region. Of the active users under the age of six in fiscal years 2012 and 2013, Body Mass Index (BMI) data were available for 269 children ages 2.5 to 5. Of these, 23 percent were overweight and 31 percent were obese. The combined proportion of children receiving care by IHS who are overweight or obese (53.9%) is similar to that of children enrolled in the San Carlos WIC program (50.3%).

[121] Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of Childhood Obesity in the United States. The New England Journal of Medicine. 370 (5); 403-411.

Figure 29. Body Mass Index (BMI) of Indian Health Service active users under six



Note: Weight Categories are determined by the CDC 2000 BMI Guidelines. Definitions are as follows: Underweight (>5th Percentile), Healthy Weight (5th-85th Percentile), Overweight (85th-95th Percentile), Obese (>95th Percentile)
Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

Family Support

Family well-being has been identified as an important factor in child success.[122] Warm, nurturing, responsive, and consistent interactions can be protective factors for young children and help buffer them from adversities. Young children who experience exposure to abuse, neglect or trauma, however, are more likely to show abnormal patterns of development.[123] Providing resources, education, and supports to families can reduce childhood stresses and help young children reach their fullest potential in school and in life.

Parents and caregivers of young children who participated in the Parent and Caregiver Survey (see Appendix D for more information about the survey) were asked what they liked best about raising young children in their community. Their responses are summarized below in order of most to least cited. The majority of survey respondents indicated the thing they liked best about raising children in their community was the ability to teach children about Apache culture, Apache heritage, and the Apache language. Parents and caregivers also appreciated the ability to raise children in a community where other members of their family were close by to offer support and guidance. Survey participants also highlighted the fact that their community

[122] Martinez, Mehesy, & Seeley, 2003

[123] Scheeringa, M. S., & Zeanah, C. H. (1995). Symptom expression and trauma variables in children under 48 months of age. Infant Mental Health Journal, 16(4), 259–270.

is “close-knit,” with many indicating that they felt safe and supported in their community and that their children had friends to play with. Parents also pointed out that they value the programs available to young children, specifically the Boys and Girls Club and Young Warriors. Lastly, respondents indicated that they enjoyed being able to take their children outdoors to do recreational activities, including participating in sporting events, playing at parks and playgrounds, and going hunting and fishing.

Key informants agreed that the strong support from extended family members and the opportunity to grow up in a small, quiet, and peaceful community are among the positive aspects of raising children in the region. Key informants also highlighted the physical environment and the opportunities that families have to spend time outdoors. A strong connection to the Apache culture and language was another strength identified in the region. In addition, some key informants also pointed out that there has been a recent increase in the number of community residents who are obtaining higher education degrees, serving as role models to the younger generations.

Parents and caregivers were also asked about the most difficult aspects of raising children in the San Carlos Apache Region. The majority of survey participants perceive the high rates of drug and alcohol use in the community as one of the most challenging aspects of raising young children in the region. Many survey respondents shared a sense that drugs and alcohol impeded on parents’ ability to raise their children, and blamed drugs and alcohol use for making the community less safe. Other safety concerns named by parents and caregivers included peer pressure, violence and gang activity, bullying in schools, and other environmental concerns such as driving too fast through areas where children are present, stray dogs, and hazardous trash. Many parents and caregivers indicated that poverty in general poses a large challenge to families raising young children in the region. For example, survey respondents expressed concerns about being unable to find work, adequate housing, and being able to access other needed goods and services. Other respondents specifically mentioned the difficulties they experience being single-parents or being a grandparent raising grandchildren. Parents and caregivers reported that lack of available child care, services for children with special needs, and opportunities to teach children more about the Apache culture are also challenging aspects of raising young children in the region. Additionally, while some respondents indicated they liked the programs and activities available for children and families in their community, other survey participants pointed out that there are not enough programs and activities for children and families in their community. The differences in opinion in regards to activity opportunities, community safety, and other issues, are likely due to the fact that parents and caregivers who participated in the survey reside in different areas of the San Carlos Region.

Key informants were also asked about the biggest challenges that parents of young children in the region face. Low educational attainment, unemployment and the lack of jobs available locally were among the main needs identified. Key informants pointed out that parents must look for work outside of the reservation, which leaves them with little time to spend with their children. In addition, parent education around various parenting skills was also highlighted as a need especially among teen and young parents. Services for the youngest children (birth to three) in general, and around child care and special needs in particular, were also identified as one of the main challenges that families in the region face.

Key informants also pointed out that lack of transportation and the subsequent difficulties it presents when accessing available services was another challenge faced by families in the region.

The Parent and Caregiver Survey also included an item asking parents what they thought were the most important things that should happen in order to improve the lives of children and families in the San Carlos Apache Region. The need for parents to be actively involved in the lives of their children was the most common response to this question. In relation to parent involvement, a handful of survey respondents stated they felt parenting classes for parents would be beneficial for the children and families in the community. In addition to parent involvement, many survey respondents felt that providing children with a safe environment was very important. More specifically, parents and caregivers felt children should be given the opportunity to grow up in adequate housing and in an environment free from violence. Some survey respondents recommended increasing the number of law enforcement officials in order to increase feelings of security in the community. Survey respondents also felt that the community would benefit from additional activities for children and families, including activities where elders could interact with children. Parents and caregivers also indicated that culture preservation programs were important and needed so that children could have more opportunity to learn the Apache language and culture. Additionally, some survey respondents reported feeling that the community would benefit from more health care services and activities that promoted living a healthy lifestyle. Increasing the number of child care facilities was also highly recommended by survey takers who indicated that many families with young children struggle when their children are on waiting lists for childcare. Other recommendations made by parents and caregivers included: providing more opportunities for job training and higher education, better/additional transportation services in the community, providing more areas for children to play, building more playgrounds and parks or repairing and cleaning-up the playgrounds and parks that already exist. Lastly, some respondents recommended increasing awareness about the public services and programs that are available in the community so that

community members will know more about the services that exist and how to access those services.

Parental Involvement

Parental involvement has been identified as a key factor in the positive growth and development of children,[124] and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

Children need exposure to responsive and stimulating interactions in the early years for later success in school and life.[125] Parents do not need expensive toys or resources to lay the early groundwork for later school success. Talking to children, singing songs and telling stories, reading books, playing simple games like peek-a-boo, and providing consistent and affectionate responses are all behaviors that promote healthy social-emotional development. Reading regularly to young children is linked to better cognitive and language development, stronger literacy skills, and higher academic achievement when children start school.[126]

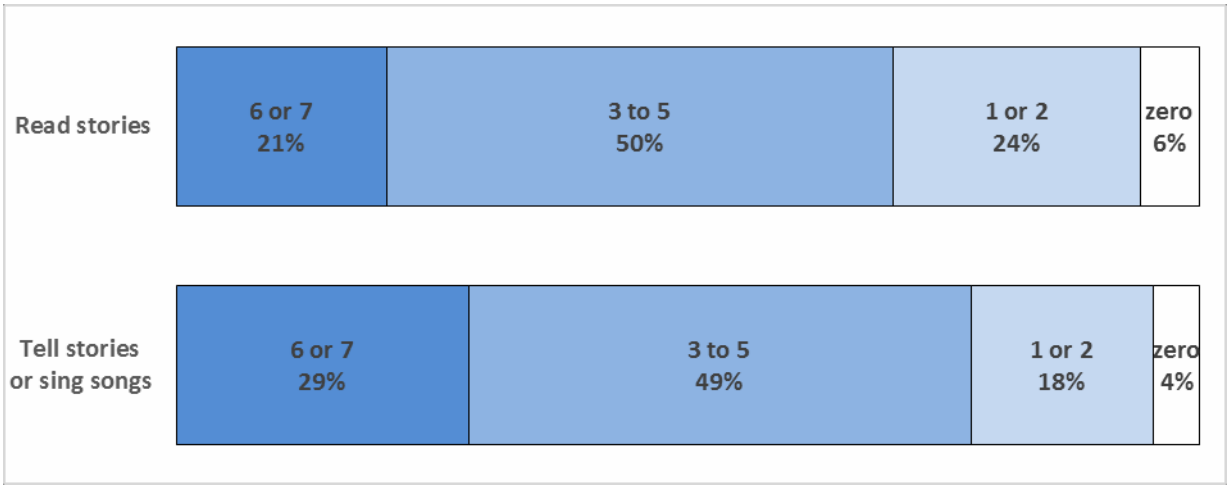
The Parent and Caregiver Survey conducted in the region in the spring of 2014 collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development, including two items about home literacy events. Twenty-one percent of the respondents reported that someone in the home read to their child six or seven days in the week prior to the survey. A slightly larger fraction (30%) reported that the child was not read to, or only once or twice during the week. In comparison, telling stories or singing songs was more frequent. In more than three-quarters of the homes (78%), children are hearing stories or songs three or more days per week. The average respondent reported reading stories 3.6 days per week, and singing songs or telling stories 4.1 days per week.

[124] Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children.* Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

[125] Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. http://www.developingchild.harvard.edu

[126] Rodriguez, E., & Tamis-LeMonda, C. S. (2011). *Trajectories of the Home Learning Environment across the First Five Years: Associations with Children's Language and Literacy Skills at PreKindergarten*. Child Development, Vol. 82(4), pp. 1058-1075.

Figure 30. Reported frequencies of home literacy events: How many days per week did someone read stories to your child? How many days per week did someone tell stories or sing songs to your child?



Source: Parent and Caregiver Survey, 2014

Support for parents of young children in the San Carlos Apache Region is available through a new parenting program called Stay and Play Activities (SPA). SPA is a program of the San Carlos Wellness Center that provides resources to parents of young children on topics like sleep, nutrition, behavioral issues, and developmental delays among others. The goals of the SPA program are to foster attachment between parents and young children, promote language development and provide a safe space where parents can drop in and play with their children. Books and developmentally appropriate toys for young children are available on site, and a washer and dryer are available to parents at no cost so they can do their laundry while participating in the program with their children. SPA is run in conjunction with staff from the San Carlos Apache Social Services Department, and participants include parents who attend the parenting classes provided by the Social Services Department. Parents who participate in SPA can earn points to buy supplies in the program's store, including diapers and formula. The program also aims at providing healthy snacks and meals to participating parents and to provide parenting skills for parents of children with special needs.

Another resource for young parents in the region also provided by the San Carlos Wellness Center is the Young Parenting Program, which provides services to teen and young parents so that they can continue pursuing their education. During the day, teen parents can participate in a parenting class that gives them high school credit. In the evenings, a support group is available at the high school that includes group therapy. Transportation is provided to participating parents and the group is open to all teen parents in the community regardless of their high school enrollment status. According to key informants, finding infant child care is one of the main challenges for teen parents in the region, who may be on the waiting list for the tribally-

operated center for several months. Key informants indicated that there may be a possibility in the future for child care services being available on-site for enrolled high school students.

Parent Education

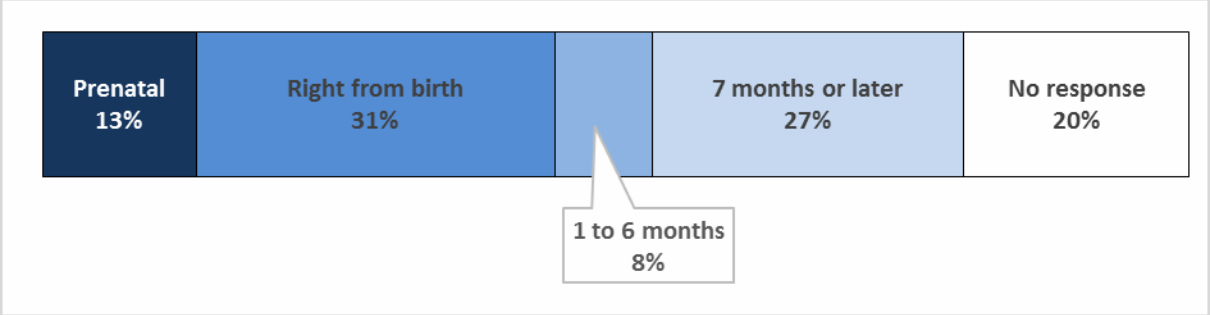
Parenting education supports and services can help parents better understand the impact that a child's early years have on their development and later readiness for school and life success.

Recognizing that children are active participants in the world from day one is critical for supporting a child's healthy brain development and learning. It has been shown that babies only a few days old recognize and turn to their mother's voice over other voices.[127] In addition, when mothers experience prenatal stress, there may be direct effects on the brain of the developing baby.[128]

The Parent and Caregiver Survey conducted in the region (see Appendix D for more information on the survey) included an item aimed at eliciting information with regards to parents' and caregivers' awareness of the fact that their influence on a child's brain development could begin very early.

Just under half (44%) of the respondents recognized that they could influence brain development prenatally or right from birth. A sizeable proportion (27%) responded that a parent's influence would not begin until after the infant was 7 months old.

Figure 31. Responses to the question "When do you think a parent can begin to make a big difference on a child's brain development?



Source: Parent and Caregiver Survey, 2014

[127] Brazelton, T. B. (2010). Infants and mothers: Differences in development. Random House LLC.

[128] Charil, A., Laplante, D. P., Vaillancourt, C., & King, S. (2010). Prenatal stress and brain development. Brain Research Reviews, 65(1), 56-79.

The San Carlos Head Start Program provides a number of family support services and referrals to enrolled families. Table 35 below summarizes the types of services received by families in the 2012-2013 school year.

Table 35. Family Education Services through Head Start

PROGRAM	FAMILIES	% FAMILIES RECEIVING AT LEAST ONE FAMILY SERVICE	% RECEIVING PARENTING EDUCATION	% RECEIVING ADULT EDUCATION	% RECEIVING JOB TRAINING
San Carlos Apache Tribe Head Start	255	12%	0%	2%	6%

Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from https://hses.ohs.acf.hhs.gov/pir/

Parenting classes are also available through the tribal Social Services Department. These classes are open to the community at large, but the majority of participants are court-required to attend.

Early Literacy Opportunities

The San Carlos Apache Regional Partnership Council funds a Parent Outreach and Awareness strategy contracted to the Gila County Library District. This program aims at promoting early literacy development among young children in the region. Staff with the program deliver presentations to parents and caregivers throughout the community and participants can be enrolled in "The Imagination Library" program and receive selected children's books by email each month. According to the San Carlos Apache Region SFY15 Funding Plan, 75 workshops are expected to be delivered as part of this strategy in SFY15 with a total of 15,000 books distributed to families in the region.[129]

Another initiative that promotes early literacy in the region is the Early Steps to School Success program based out of Rice Elementary. Early Steps provides home-based services to families with children ages birth to three years old. As of July of 2014 there were 20 children (representing a total of 16 families) participating in the program with five children on the waiting list. The Early Steps program uses the Partners for Healthy Babies curriculum for children up to 36 months of age. Once participating children join one of the pre-k programs in the region by age three, Early Steps staff follows continues to support them by providing books.

The Early Steps program collaborates closely with other early childhood education providers in the region such as the San Carlos Child Readiness Program, providing early literacy opportunities to enrolled children.

[129] San Carlos Apache Regional Partnership Council. SFY15 Regional Funding Plan. Retrieved from http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20San%20Carlos%20Apache%20SFY15.pdf

According to key informants, most families who enroll in the Early Steps program continue to participate until their children enroll in preschool (or Head Start) and even longer.

Food Security

Food insecurity is defined as a "household-level economic and social condition of limited or uncertain access to adequate food." [130] Episodes of food insecurity are often brought on by changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.[131] Participating in Nutritional Assistance (SNAP) has been shown to decrease the percentage of families facing food insecurity in both all households (10.6%) and households with children (10.1%) after six months in the SNAP program.[132]

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.[133]

According to key informants, food insecurity is a big challenge in the region and there is no food bank within the reservation boundaries, so residents must travel to nearby towns like Globe or Safford to access one.

The Social Services Department has in place a food security program called Healthy Foods for Healthy Parents funded by the First Things First San Carlos Apache Regional Partnership Council. The program is available to parents of young children residing on the reservation.

Child Welfare

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment,

[130] United States Department of Agriculture. Definitions of Food Security. http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UyDjQIVRKws

[131] United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf

[132] United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from http://www.mathematicampr.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf

[133] Feeding America (2014). Map the Meal Gap, 2012. Retrieved from http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx

they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention for child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.[134]

Child Welfare services in the San Carlos Apache Region are provided by the San Carlos Apache Social Services Department. According to key informants, keeping the children who have been removed from their homes within their families and within the community is a priority of the Social Services Department. The Department, however, faces a challenge of its caseworkers having a high caseload.

As of February of 2014, there were 15 tribally-licensed foster homes available to care for children in foster care. Key informants indicated that it is challenging to recruit foster homes within the community as all adults in the home must pass a background check. Infants and young children are normally placed with relatives, so the majority of children in foster care are 12 years old or older. A group home in Mesa is also utilized by the Social Services Department on a contract-base for the placement of teenaged children.

Table 36. Child Welfare Data (2011-2013)

	2011	2012	2013
Children (0-17) removed by Tribal CPS	288	200	85
Substantiated cases of child abuse/neglect (for children 0-17)	372	189	236
Children (0-17) in foster care	24	22	20

San Carlos Apache Social Services Department (2014). [Child Welfare Data]. Unpublished data received from the San Carlos Apache Social Services Department.

A foster case manager works closely with children placed out of the community, making periodic visits to the foster family and making sure the children remain connected to the tribe. The Social Services Department also utilizes the services of a family unit coordinator to facilitate family meetings and to help families identify their strengths and weaknesses in the unification process.

The Social Services Department also oversees the Youth Home, a 16-bed facility that provides emergency placement for children birth to 18 years old. A counselor is available to work individually with the children in the Youth Home.

[134] Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers.* Washington, DC: Hudson, Lucy.

Indian Child Welfare Act (ICWA) - Special federal guidelines are currently in place to regulate how Native children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA) after investigations found that a disproportionately high number of Native (American Indian and Alaska Native) children were being placed in foster care and adoptive care with non-Native families and that those children who were being placed in non-Native families were experiencing problems adjusting to life away from their Native families and communities. Directly prior to the passing of the ICWA, under the Indian Adoption Project between 1961 and 1976, approximately 12,500 Native children had been removed from their reservation homes and placed with non-Natives parents through adoption procedures. Investigations conducted in 1969 and 1974 by the Association of American Indian Affairs found that at the time, between 25 percent and 35 percent of Native children were living in homes or institutions away from their families and communities. These findings, coupled by past policies and the practice of forcibly removing Native children from their homes into boarding schools, led Congress to passing the Indian Child Welfare Act. Representative Morris Udall of Arizona, a strong supporter of the ICWA, stated "there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children." ICWA established federal guidelines that are to be followed when an Indian child enters the welfare system in all state custody proceedings.[135]

Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts. If and Indian child is removed by state Child Protective Services, ICWA requires preference for the child's placement to be first, with the child's relatives; second, with fellow tribal members; third, with another Indian person. Under IWCA, only in extreme cases can a tribal child be placed somewhere other than the preferences that have been established by the law.[136]

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[135] ICWA defines an "Indian child" as any unmarried person, below the age of 18 who is either a member of a federally recognized tribe, or eligible to become a member and is the biological child of a recognized tribal member.

[136] Frichner, T.G. (2010). The Indian Child Welfare Act: A National Law Controlling the Welfare of Indigenous Children. American Indian Law Alliance.

National Congress of American Indians. Child Welfare & TANF. National Congress of American Indians. Retrieved from http://www.ncai.org/policy-issues/education-health-human-services/child-welfare-and-tanf

National Indian Child Welfare Association. Frequently Asked Questions About ICWA. Retrieved from http://www.nicwa.org/indian_child_welfare_act/faq/#active_efforts

According to data provided by the San Carlos Social Services Department, as of February of 2014 there were an average of 200 ICWA inquiries per month, and about 30 active cases.

Incarcerated Parents

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers.[137] More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8th, 10th, and 12th graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.

This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents.[138] In recent studies, even when caregivers have indicated that children were coping well with a parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.[139]

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[138] Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem.* USA. Phoenix: Statistical Analysis Center Publication.

[139] Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/

The emotional risk to very young children (0-5) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.[140] Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so[141] and the Arizona Department of Corrections states that it endeavors to support interactions between parents and incarcerated children, as long as interactions are safe.[142] Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community.[143] Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.[144]

According to the US Department of Justice,[145] the number of inmates confined in Indian Country jails increased between 2011 and 2012 by 5.6 percent. Of the 14 facilities in Indian Country that held the majority of inmates, six were in Arizona. About 43 percent of all inmates in custody in Indian Country were held in Arizona. This increases the likelihood that there may need to be supports for children of incarcerated parents.

The San Carlos Department of Corrections and Rehabilitation serves both adults and juveniles. The detention center has the capacity to house approximately 108 adults and 48 juveniles. In 2010 the San Carlos Department of Corrections and Rehabilitation received the "Partner Recognition Award" from the Bureau of Indian Affairs.

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[142] Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem.* USA. Phoenix: Statistical Analysis Center Publication.

[143] La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

[144] Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development, 78*(3), 7-25.

[145] Minton, T. (2013). *Jails in Indian Country, 2012*. Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught up in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing the their physical and emotional safety.[146] Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.[147]

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended[148]. In order for interventions to be effective they must take the age of the child into consideration since children's developmental stage will affect how they respond to trauma. While trauma-specific services are important (those that treat the symptoms of trauma), it is vital that all the providers a child interacts with provide services in a trauma-informed manner (with knowledge of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

Horizon Human Services is a domestic violence shelter in Globe that serves residents of the San Carlos Apache Region. The shelter is an 11-bed facility that can take children up to 17 years old and works in collaboration with the San Carlos Social Services Department.

The challenges within family life that can contribute to issues of substance abuse and domestic violence were recognized by participants at the 27th Arizona Indian Town Hall, hosted by the Arizona Commission of Indian Affairs and attended by elected and appointed public and tribal officials, policy advisors, community and business leaders, health and education leaders, and youth. Their collective recommendations were to turn to the strengths of the community to support families.[149] Their specific recommendations to do this included (page 14 of the report):

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[146] Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008).Faculty Publications, Department of Psychology. Paper 321. http://digitalcommons.unl.edu/psychfacpub/321

[147] United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf

[148] United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from http://www.ovw.usdoj.gov/docs/nac-rpt.pdf

[149] Arizona Commission of Indian Affairs (2007) *State of Indian Youth 2007: Strength in Youth (Report of the 27th Arizona Indian Town Hall)*. Accessed at http://azcia.gov/Documents/AITH/AITH_FinalReport2007.pdf

- Develop and/or coordinate foundational workshops that can be adapted by different tribes and communities that can train families on how to nurture healthy family behaviors such as being present, showing respect, teaching, nurturing, loving, motivating, instilling identity, learning, discipline, providing, listening, communicating, nourishing, being a role model, protecting, supporting, be understanding, forgiving, cooperating, develop unity, honor, and integrity; building awareness of support networks.
- Offer more counseling services and classes from traditional spiritual leaders, elders, and others that focus on behavioral health: expand counseling time and variety of classes, peer mentors; advertise programs; increase availability of youth-oriented talking circles; increase availability of treatments programs for Indian youth; have more traditional practitioners, and support for traditional services when appropriate.
- Offer more options for parenting and life skills classes for all parents and guardians, with specific programs tailored for young people.
- Teach community-oriented native languages, culture, values, and traditions and ask elders to participate in teaching cultural related activities; increase communication among people with cultural knowledge.
- Identify best practices for elder participation (ex. develop Saturday and after-school culture and language classes).
- Increase and expand communication between state/tribal/local entities to foster improved collaboration, implementation, and planning of family-nurturing programs through emails, websites, or other electronic media.

Public Information and Awareness and System Coordination

In FY2015 the San Carlos Apache Regional Partnership Council coordinated the production of the 2014 Resource Calendar, which provides contact information for all the programs, departments and agencies providing services to young children in the region. The Resource Calendar also provides information on various topics of relevance to parents of young children such as oral health, the role of parents as the child's first teachers, nutrition and physical activity and safety among others. The calendar has been distributed to parents in the region and can also be accessed online at http://www.azftf.gov/RC029/Documents/2014_SCA_Resource_Calendar.pdf.

Key informants indicated that an asset in the region is the ability of programs serving young children to work together in the organization of successful community events such as health fairs. At the same time, key informants also pointed out that additional collaboration among

service providers and agencies in the region could be enhanced. Information sharing is often a barrier to collaboration among programs and services in the region.

The San Carlos Apache Regional Partnership Council supports coordination efforts in the region through its San Carlos Apache Early Childhood Development and Health Collaborative. The Collaborative brings together representatives from tribal, state and federal programs serving families in the region. Members meet every other month to exchange information about their programs, network and strengthen collaborative relationships among them. Services and programs funded by the San Carlos Apache Regional Partnership Council are also showcased during the Collaborative meetings. In addition, the Collaborative produces a newsletter that provides information about their activities, upcoming events and meetings, and also includes relevant information on various early childhood-related topics. During FY2015 members of Early Childhood Development and Health Collaborative have also engaged in a series of discussion around building the early childhood system in the region.

Summary and Conclusion

This Needs and Assets Report is the fourth biennial assessment of early education, health and support for families in the First Things First San Carlos Apache Region.

Through both quantitative data assembled, and through interviews with regional service providers and brief surveys of parents, it is clear that the region has substantial strengths. One clear asset is the various early childhood education programs such as Head Start, San Carlos Child Readiness Program, Apache Kid Child Care Center and the San Carlos Unified District Preschool that provide high quality care and early education services to a large proportion of children in the area. Professional development opportunities for early childhood education professionals are available in San Carlos through Gila Community College, and through an innovative program at San Carlos High School that provides training for young people in the community to enter the early childhood education workforce. Nnee Bich'o Nii, the San Carlos Apache Tribal TANF Program, is able to provide community-specific employment, education, training and transportation services to support families. In addition, a new tribally-operated hospital will be opening in 2014, offering labor and delivery services for women in the community.

A table containing a summary of identified regional assets can be found in Appendix A.

In spite of these considerable strengths, there continue to be substantial challenges to fully serving the needs of young children throughout the region. Many of these have been

recognized as ongoing issues by the San Carlos Apache Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region.

Some of these needs, and the strategies proposed to address them, are highlighted below. A table of San Carlos Apache Regional Partnership Council First Things First planned strategies for fiscal year 2015 is provided in Appendix C.

- **Increased efforts to facilitate uptake of professional development opportunities for early childhood education professionals** – Two funding strategies are targeted towards promoting the availability of a skilled early childhood workforce in the area by providing scholarships for higher education and credentialing to early care and education teachers. It is also important to recognize that the general challenges posed by the economic hardships that many families in the region face (i.e. lack of transportation, family income that supports numerous family members) may be a barrier to enrolling in college courses for professionals in the region. Because of this, there may need to be very specific, localized recruitment and follow-up efforts in order to facilitate up-take of the program.
- **Support for parents as their children's first teacher** –Parents and other key informants noted that finding ways to help parents be more actively engaged with their young children's learning would be one way to improve the lives of children in the area. Four strategies in the region promote child development and school readiness through classes, materials and other resources on parenting, child development and native language and cultural acquisition: Parent Outreach and Awareness; Parent Education Community-Based Training; Native Language Preservation; and Family, Friends and Neighbors.
- **Supporting health and development of young children—**About half of the young children in the region are overweight or obese, raising concerns for future health risks. In addition, parents and key informants raised concerns about developmental needs of some children not being met. Three strategies specifically target the health needs of children in the region. Child care health consultation supports caregivers in early care and education centers and homes to provide safe and healthy environments for young children; Developmental and sensory screenings will help identify children with special needs so that early intervention can be offered; and another provides health education focused on obesity prevention to children, families and early care and education professionals. In addition, a food security strategy helps support the health of young children by providing access to nutritionally balanced food to families in need.

This report also highlighted some additional needs that could be considered as targets by stakeholders in the region.

- **Improved access to and utilization of early and continuous prenatal care** – Prenatal care provides opportunities to monitor the health of the expectant woman and to improve birth outcomes, as well as to educate parents on the importance of early development. Just over half of pregnant women in the region receive early prenatal care, and about one in four pregnant women have fewer than five prenatal care visits. These low rates of prenatal care may contribute to the high rates of preterm births, low-birth weight and infant mortality rates in the region.
- **A high rate of births to teen mothers** – Because of the impact that unplanned teen births can have on the life of a teen mother and the health and welfare of her child (including the high rates of preterm and low-birth weight births seen in the region), finding ways to engage these young women (and their partners) in programs that encourage and provide prenatal care for expectant teen mothers, as well as education and support to enable them to continue their education and care well for their infant, are needed.
- **A need to improve oral health in young children**—Two-thirds of young children in the region were identified by IHS as having tooth decay, and more than half of them as having untreated tooth decay. Over one-third of parents surveyed reported that they had had difficulty getting timely dental care for their child. Outreach to parents to assure that they know that dental visits should be begun by age 1 could help increase prevention, early detection and treatment, as could greater availability of services, so that parents are able to receive care for their children in a timely manner.
- **Low enrollment in third-party insurance** –Key informants noted that limited 638 funds can be a barrier to children with special health care needs receiving specialized services they may require. Facilitating enrollment in Medicaid or private insurance plans can offer benefits both at the individual and community levels. Community members who enroll in a health insurance plan can gain increased access to health care services by being able to receive care through their insurance plan providers, Indian Health Service facilities, Tribes and Tribal Organizations, and Urban Indian Organizations. At the community level, tribes can benefit when IHS or tribally-operated 638 facilities bill an outside insurer for medical services resulting in savings in Contract Health Service funds. The money saved through outside billing (3rd party billing) can then be used in other ways to benefit all tribal citizens.

Although there are many challenges for families, the San Carlos Apache Region has substantial strengths that can help to effectively address challenges. By leveraging the strong commitment to Apache heritage and culture, service providers, community members and tribal leaders in the San Carlos Apache Region can continue to support the health, welfare and development of the young children and families in the region.

Appendix A. Table of Regional Assets

First Things First San Carlos Apache Regional Assets
Close-knit, supportive community
A high proportion of preschool-age children enrolled in early education settings
San Carlos Apache Nnee Bich'o Nii (Tribal TANF Program)
"Grow-your-own" approach to developing an early childhood education workforce through the program at San Carlos High School
Local professional development opportunities available for early childhood education professionals at Gila Community College
A new tribally-operated hospital opening in 2014 that will include labor and delivery services
Parenting resources such as the Stay and Play Activities (SPA) Program
San Carlos Apache Early Childhood Development and Health Collaborative

Appendix B. Table of Regional Challenges

First Things First San Carlos Apache Regional Challenges
A high percentage of families in the region are living in poverty
High unemployment rate
Low adult educational attainment, including graduation rates lower than state overall
High dropout rate and low graduation rate
A high rate of children 0-5 who are uninsured
Low rates of pregnant women getting early prenatal care
A high rate of pregnant women with an inadequate number of prenatal care visits
A high rate of births to teenaged mothers
A high rate of preterm births
A high infant mortality rate
Low breastfeeding rates
High proportion of children with tooth decay and untreated tooth decay
Low levels of parent involvement
Need for continued parent education around the services available to families in the region, especially around developmental screenings and early intervention

Appendix C. Table of Regional Funded Strategies, Fiscal Year 2015

San Carlos Apache Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	**Strategy**	**Strategy Description**
	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.
Quality and Access	Developmental and Sensory Screening	Provides children with developmental, oral, vision, and/or hearing screenings and referrals for follow-up services
	Curriculum Development for Parent Education	[Pending]
	Service Coordination	[Pending]
Professional Development	Scholarships TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	Professional REWARD$	[Pending]
Health	Child Care Health Consultation	Support safety, healthy practices and child development in early care and education centers and regulated homes.
	Nutrition/Obesity/Physical Activity	Provides health education focused on obesity prevention to children, families and early care and education professionals.
Family Support	Parent Outreach and Awareness	Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness.
	Food security	Increase access to nutritious food assistance for

		families with children ages birth through five in the region. The strategy is responsive to the additional needs of the region due to its remote location and extensive travel requirement to the nearest grocery store; it makes available a three-day supply of nutritionally balanced food for families in the region.
	Native Language Preservation	Provides materials, awareness and outreach to promote native language and cultural acquisition for the young children of Tribal families.
	Family, Friends and Neighbors	Supports provided to family, friend and neighbor caregivers include training and financial resources.
	Parent Education Community-Based Training	Provides classes on parenting, child development and problem-solving skills.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Community Awareness	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.
	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.

Appendix D. Parent and Caregiver Survey Methodology

First Things First collects data from parents and caregivers of children 0 to 5 through its Family and Community Survey, a statewide survey that has been conducted by phone every two years since 2008. The Family and Community Survey includes a series of items designed to measure many critical areas of parent knowledge, skills and behaviors related to their young children.

After receiving feedback about phone-based surveys not being the most appropriate method of collecting data in tribal communities, First Things First allocated additional resources to gather data from a subset of survey items in a face-to-face manner as part of the Needs and Assets data collection effort. We will subsequently refer to this subset of items as the Parent and Caregiver Survey.

A total of nine core items from the Family and Community Survey were included in the Parent and Caregiver Survey (see below). The Norton School team obtained input from First Things First Regional Partnership Council members and other stakeholders in tribal communities regarding the wording of the items, its cultural appropriateness and its reading level to make sure the items would be well received by parents and caregivers in tribal communities. The wording of the items was subsequently modified in a way that could still be comparable to the original Family and Community Survey but that could also be more accessible to survey participants.

In addition to the nine core items, the First Things First Research and Evaluation Office recommended that a few other quantitative and qualitative items be included in the survey to gather exploratory data around health needs in tribal communities.

Finally, three additional qualitative items were added to the survey to elicit parent and caregiver input with regards to the best and most challenging aspects of raising a young child in their communities.

The vendor for the San Carlos Apache Region, the University of Arizona Norton School, worked in close collaboration with the Regional Director to find opportunities to collect data from parents and caregivers in a face-to-face manner. Members of the Norton School team attended community events and partnered with other agencies and departments that provide services to families with young children in the region such as the San Carlos Head Start and WIC Programs.

Eligibility for participation was based on parents or caregivers having a child under the age of six living in their household, even if they were not the main caregiver. A total of 224 surveys with parents and caregivers were conducted in the region in the spring of 2014.

Results from a selected set of individual items are presented in the Health and Family Support sections of this report. Please note that in this report we refer to the face-to-face survey as the

Parent and Caregiver Survey in order to distinguish it from the statewide Family and Community Survey.

The instrument utilized to gather information from parents and caregivers is included below.

Parent and Caregiver Survey

Are there any children ages 5 or younger living in your household?
❑ Yes (go to the next question)
❑ No → **This survey is only for people with children ages 5 or younger. Please return this form to the facilitator. Thank you!**

Are you one of this child(ren)'s main caregivers?
❑ Yes ❑ No

How old are the child(ren) 5 or younger that you care for?
_____

1. **When do you think a parent can begin to make a big difference on a child's brain development? (For example: impact the child's ability to learn?)**

2. **At what age do you think an infant or young child begins to really take in and react to the world around them?**

3. **At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by how his parents are feeling?**

4. **During the past week, how many days did you or other family members read stories to your child/children?**
   - □ None
   - □ 1 days
   - □ 2 days
   - □ 3 days
   - □ 4 days
   - □ 5 days
   - □ 6 days
   - □ 7 days

5. **During the past week, how many days did you or other family members tell stories or sing songs to your child/children?**
   - □ None
   - □ 1 day
   - □ 4 days
   - □ 5 days

□ 2 days □ 6 days
□ 3 days □ 7 days

6. *Children's capacity for learning is pretty much set from birth and cannot be greatly changed by how the parents interact with them.* **This statement is…**

□ Definitely True □ Probably True □ Probably False □ Definitely False

7. *In learning about language, children get the same benefit from hearing someone talk on TV as hearing a person in the same room talking to them.* **This statement is…**

□ Definitely True □ Probably True □ Probably False □ Definitely False

8. ***I feel I am able to support my child's safety, health and well-being.***

□ Strongly Agree □ Somewhat Agree □ Somewhat Disagree □ Strongly Disagree

9. ***I feel I am able to support my child's learning and ability to think (cognitive development).***

□ Strongly Agree □ Somewhat Agree □ Somewhat Disagree □ Strongly Disagree

Now I'm going to ask you some questions about your child/ren's health

10. **Sometime people have difficulty getting health care when they need it. During the past 12 months, was there any time when any of your children needed these types of care but it was delayed or not received?**

Medical care	❑ yes ❑ no
Dental care	❑ yes ❑ no
Vision care	❑ yes ❑ no
Mental health services	❑ yes ❑ no
Hearing services	❑ yes ❑ no
Speech therapy	❑ yes ❑ no
Physical therapy	❑ yes ❑ no
Something else	❑ yes ❑ no (Describe: _____)

11. **Please tell me if you are currently worried a lot, a little or not at all about how well your child(ren):**

◆Talks and makes speech sounds? (**ages 4 months- 5 years**)

□ Worried a lot □ A little worried □ Not at all worried □ **I don't have a child this age**

◆Understands what you say? (**ages 4 months- 5 years**)

□ Worried a lot □ A little worried □ Not at all worried □ **I don't have a child this age**

◆Uses his/her hands and fingers to do things? (**ages 4 months- 5 years**)
□ Worried a lot □ A little worried □ Not at all worried □ **I don't have a child this age**

◆Uses his/her arms and legs (**ages 4 months- 5 years**)
□ Worried a lot □ A little worried □ Not at all worried □ **I don't have a child this age**

◆Behaves? (**ages 4 months- 5 years**)
□ Worried a lot □ A little worried □ Not at all worried □ **I don't have a child this age**

◆Gets along with others? (**ages 4 months- 5 years**)
□ Worried a lot □ A little worried □ Not at all worried □ **I don't have a child this age**

◆Is learning to do things for himself/herself? (**ages 10 months- 5 years**)
□ Worried a lot □ A little worried □ Not at all worried □ **I don't have a child this age**

◆Is learning pre-school of school skills? (**ages 18 months- 5 years**)
□ Worried a lot □ A little worried □ Not at all worried □ **I don't have a child this age**

We are almost done! We now have a few questions for you to answer about yourself.

12. **Do you currently have a paid job?**
□ Yes No

13. **Are you currently?**
□ Married Widowed
□ Single Living with a partner
□ Divorced/Separated

14. **What is your age? _____**

15. **Gender?** Male Female

16. **What is the highest grade or year of school you have completed?**
    - ❑ Less than high school
    - ❑ Still in high school
    - ❑ High school graduate
    - ❑ GED
    - ❑ Technical or vocational school
    - ❑ Some college
    - ❑ College graduate or postgraduate

17. **How would you describe your ethnic or racial background:**

❑ Native American/ American Indian	❑ White/European/Anglo
❑ Hispanic/Latino	❑ Hawaiian/Pacific Islander
❑ African American/Black	❑ Two or more races
❑ Asian	❑ Other (Specify): _____

18. **Is your total family income before taxes…**

❑ Less than $10,000	❑ $30,000 to $39,999	❑ $60,000 to $74,999
❑ $10,000 to $19,999	❑ $40,000 to $49,999	❑ $75,000 or more
❑ $20,000 to $29,999	❑ $50,000 to $59,999	

19. **Where do you live?** Town**:**_____ Zip code: _____

Thank you for completing this part of the survey. We have a few final questions to help us better understand the needs of families in your community.

What do you like best about raising young children in your community?

What are the hardest things about raising young children in your community?

Where do you typically go for health care for your child? Can you tell us about the quality of your child's healthcare? What do you like about it? What would you change about it, if you could? Is it affordable?

Where do you typically go for dental care for your child? Is it affordable?

What do you think are the two most important things that should happen to improve the lives of kids 0-5 and their families in your community?

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